



Newfoundland and
Labrador Pharmacy
Board

*The Apothecary is the
newsletter of the
Newfoundland &
Labrador Pharmacy
Board.*

*It contains
information on a wide
variety of topics
intended to enhance
the practice of all
pharmacists in the
province of
Newfoundland &
Labrador.*

*Pharmacists are
responsible for
reviewing any and
ALL INFORMATION
contained within
including documents
which are made
available on the NLPB
website via links
throughout the
newsletter.*

*The Apothecary is
now circulated
electronically and is
available in hard
copy format only
upon specific request.*

The Apothecary

Spring 2011

Update on Regulation of Pharmacy Technicians

On March 6, 2010, the NLPB Board endorsed a move to recognize a classification of regulated pharmacy technicians. Since that time, our Professional Practice Sub-Committee on Pharmacy Technician Regulation has been meeting regularly to discuss the issues. As well, we have been meeting with a variety of stakeholders such as other provincial groups (local colleges, etc.), other regulatory bodies going through this process, and national stakeholders such as PEBC and CCAPP. We have also spent a great deal of time researching and reviewing documentation coming from the other regulatory bodies and national stakeholders as it becomes available.

At its recent meeting, the Board approved three new recommendations from the Sub-Committee that we hope will continue to move us forward on this path.

Before discussing these recommendations, we felt it was timely to do a quick review of what exactly it means to be a Regulated Pharmacy Technician. While our Board has not approved a scope of practice for pharmacy technicians in this province as of yet, in provinces such as British Columbia, where regulations regarding pharmacy technicians have been approved, a regulated pharmacy technician working in a community pharmacy may prepare, process and compound prescriptions, including:

- receiving and transcribing verbal prescriptions from practitioners,
- ensuring that a prescription is complete and authentic,
- transferring prescriptions to and receiving prescriptions from other pharmacies,
- ensuring the accuracy of a prepared prescription,
- performing the final check of a prepared prescription, and
- ensuring the accuracy of drug and personal health information in the PharmaNet patient record [their equivalent of the Pharmacy Network].

Pharmacists in BC continue to be involved in every new and refill prescription as they remain solely responsible for assessing the appropriateness of drug therapy (patient assessment, confirm dose and interval, check PharmaNet profile, and identify any drug related problems) and for providing patient consultation. A prescription cannot be PEBC

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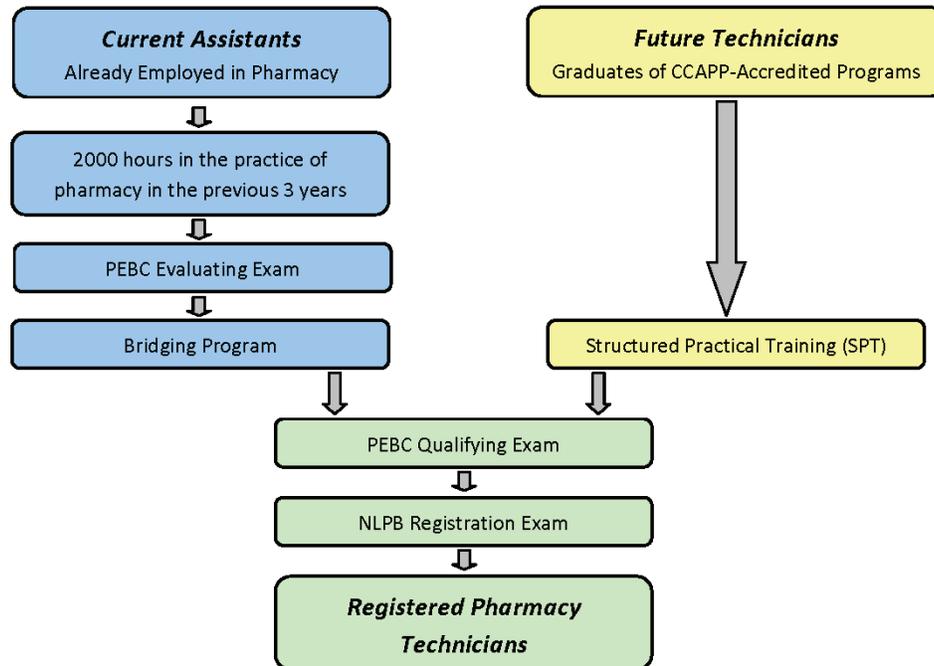
REMINDER TO ALL PHARMACISTS



Pharmacists are reminded that "loaning" medications to patients is not permitted unless you are following the requirements of Section 4(a) of the *Standards of Pharmacy Practice - Medication Management by Community Pharmacists*. Failure to comply with this Standard of Practice could be considered professional misconduct.

released to a patient without a pharmacist having performed these cognitive functions.

Another area worth review is “How does one become a Regulated Pharmacy Technician?” We have been proceeding with our planning using the graphic below as a guide:



Evaluating Exam

To be eligible to write this exam, the applicant must meet the criteria of having worked at least 2000 hours in the field of pharmacy in the past 36 months. There has been some flexibility on the part of PEBC here but it is given on a case-by-case basis.

The first NL sitting of this exam was held in September of 2010 with 25 of 32 candidates passing the exam. The next sitting is scheduled for April 17, 2011.

Bridging Program

Once the PEBC Evaluating Exam is successfully completed, the next step is the completion of a bridging program. This program consists of four courses that may be completed in any order on an individual basis. These include: Pharmacology, Product Preparation, Professional Practice and Management of Drug Distribution Systems. Following the Management of Drug Distribution Systems course, a Structured Practical Evaluation of the “Independent Double Check”, usually performed in the practice

setting, must be completed.

These courses are currently being delivered online and in person at a number of colleges in Ontario, Alberta and British Columbia. The registration for these courses is not restricted geographically so anyone from across the country can register for and complete these courses online.

In addition, all of these courses **except** for Professional Practice can be “challenged” via completion of a “Prior Learning Assessment and Recognition” (PLAR) exam. However, these PLAR exams cannot be completed online – they are delivered in person only.

Along with several other regulatory bodies, we are currently exploring what it would take to convert the current program into a common national program. This would allow for expansion of the program to include those provinces who cannot currently avail of it and would also allow for national access to the PLAR exams.

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Canadian Council for the Accreditation of Pharmacy Programs (CCAPP)

This group, also responsible for accrediting pharmacy programs across the country, has been accrediting pharmacy technician training programs based on a similar model to that used for pharmacy faculties.

To date, approximately 38 schools in a number of provinces have been given accreditation award status. At this time, no school offering a pharmacy technician program in this province has applied for CCAPP Accreditation status.

PEBC Qualifying Exam

The PEBC Qualifying Exam is a national entry-to-practice exam for the assessment and certification of the competence of Pharmacy Technicians for purposes of registration. It also has specific eligibility criteria, primarily graduation from a CCAPP-accredited pharmacy technician program or successful completion of the PEBC Evaluating Examination. Like the pharmacist's exam, it consists of two components: a written multiple choice component and an Objective Structured Practical Exam "OSPE" component.

At this time, there is no indication of a sitting of the PEBC Qualifying Exam in this province.

Final Steps to being Regulated

Once a person has successfully completed the PEBC Qualifying Exam, there are several final steps similar to those for registration as a pharmacist such as completing a registration exam, demonstrating language proficiency, obtaining professional liability insurance and paying all required registration fees. In addition, once regulated pharmacy technicians will also be responsible for continuing professional development and be professionally accountable for their actions within their scope of practice.

Decisions of the Board

At its February 18, 2011 meeting, the NLPB Board considered three recommendations made to it by the Professional Practice Sub-Committee on Pharmacy Technician Regulation. All three recommendations were approved:

The Professional Practice Sub-Committee on Pharmacy Technician Regulation recommends that the Newfoundland and Labrador Pharmacy Board:

1. accept bridging program courses from any school already recognized by another province as acceptable for meeting the requirement for "completion of a bridging program"
2. appoint a Pharmacy Assistant as an observer at Board meetings
3. endorse the preparation of a white paper to send to government to start discussions on next steps

Next Steps

There are several items on the NLPB's "to-do" list in this area. First of all, we intend to follow through on the above Board decisions. This includes determining the best approach for selecting an appropriate pharmacy assistant to fill the new observer position at Board meetings. It is hoped this process can be developed in a timely manner so that this observer can be in place for the summer or fall Board meeting. We will also begin preparation of a white paper on Pharmacy Technician Regulation to send to the Department of Health and Community Services. The sub-committee hopes to have a draft ready for the summer board meeting with the intention of having an approved document ready to submit to government by the fall.

We also intend to continue our relationship with other regulatory bodies across the country who are in various stages of regulation as well as with all national stakeholders. We intend to continue to pursue more formal access to all areas of the bridging program and to encourage PEBC to continue to offer NL sites of the Evaluating Exam and, eventually, the Qualifying Exam. Finally, we are considering holding a series of sessions on the issue for both pharmacists and pharmacy assistants to take place later this spring. More details will be circulated as they become available.

To keep up on this issue, we encourage you to visit the Pharmacy Technician Regulation page of the NLPB website regularly.

Guidelines for Addressing Pharmacy Robbery

Recently, the BC Pharmacy Association and the College of Pharmacists of BC published extensive guidelines for addressing pharmacy robberies. An overview of these recommendations, based on research and common sense principles, given below. The complete document can be found on the College's [website](#).

What to do Before a Robbery

Manipulating the Risk, Reward, and Effort

- Ensure lighting levels are sufficient, both inside and outside the premises.
- Ensure adequate staffing levels are onsite at all times.
- Explore the possibility of installing a *silent* panic alarm. Audible alarms are not favoured for robbery offences, as they can induce panic which leads to increased risk from the situation.
- Limit the wearing of disguising clothing from being worn inside the shop. This could include store requirements that customers should remove articles of clothing such as hats, sunglasses, helmets, etc.
- Place an emphasis on staff training, both from a preventative perspective and also in the event of a robbery should one occur. This should incorporate formal training and ongoing maintenance of skills for the staff group.
- Develop a positive working relationship with the local police service.

Specific to Narcotics

- Make conscious decisions regarding the volume of narcotics that are kept onsite. This becomes a matter of balancing the demand created by the legitimate health needs associated with these products with the risk associated to the illegitimate demand and value of the drugs.
- Design the lay-out of the pharmacy to reduce the isolation of points of sale and the points at which the narcotics are stored.
- Consider the use of safes and/or secure locked locations for storing narcotics. There is a range of opinion as to the effectiveness and suitability of

these facilities, as there is a risk that any mechanism that inhibits the employee's ability to meet the perpetrator's demands may increase the volatility of the situation.

- Have a standard policy for dealing with new prescriptions for narcotics, 'fishing' calls regarding onsite stock levels, etc. This type of policy could direct staff members to ask for a standardized body of information from potential new patients including their name, MCP number, their prescribing MDs contact details, etc.
- Ensure you are meeting the count and reconciliation requirements of the Board's *Standards of Pharmacy Practice - Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies (The Apothecary Winter 2010)* which can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Maximizing the Chance of an Apprehension

There are a range of strategies that could be implemented to maximize the likelihood of the police being able to apprehend a perpetrator in the event of a robbery occurring. These include:

- Implementation of closed-circuit television (CCTV) systems.
- Installation of height markers on exit doors to assist with identification at a later date. It is worth noting here that it is possible to have a CCTV camera embedded in exit door height markers that capture excellent close-up, eye-height images of everyone who departs the store.

What to do During a Robbery

Should a robbery occur the fundamental objectives should be to minimize dangers and maximize safety for staff and patrons. The best practice approach to achieving these aims is to be methodical, try to remain calm, and to follow these rules:

- *Do not* be a hero.
- Comply: do as you are told – nothing more and nothing less.

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- Utilize non-threatening body language: maintain personal space as much as possible and limit eye contact if you are able.
- Attempt to remember as much as possible about the offender(s): e.g., voice, language, clothing, mannerisms, physical description, and distinguishing features.
- Stay out of danger if you are not directly involved. If a *silent* alarm is available and can be activated without detection, make a judgement about this. Audible alarms are not favoured during robberies and the sound can make offenders panic, increasing the risk and volatility of the situation.
- Ensure that the offender's escape route remains clear.

What to do After a Robbery

Immediately following a robbery the following strategies should be implemented:

- Make a note of how the perpetrator exits the area. Consider factors such as movement direction and use of a vehicle (including license plate information, make, model, colour, etc.).
- Immediately close the business: stop store operations, secure the premise and lock all entrances.
- If the police have not already been alerted by a silent alarm, call the police **as soon as it is safe to do so**. Follow police instructions, which will likely be to keep the phone line open until officers arrive at the scene.
- Remember that, after a robbery, the pharmacy has become a crime scene. Do everything you can

to maintain the integrity of the crime scene to maximize the likelihood of apprehending the perpetrator. This could include: (a) avoid touching anything that the offender came into contact with, as this may be able to provide forensic evidence, (b) ask witnesses to remain at the scene until the police can interview them – collect contact details where possible, and (c) ask all witnesses to independently complete a description.

- Once police arrive, give full statements and comply with their requests.
- Federal Narcotic Control Regulations state that a pharmacist must report to Health Canada any loss or theft of narcotics within 10 days of discovery. Health Canada's *Loss or Theft Report Form for Controlled Substances and Precursors* can be found on the [Miscellaneous Forms](#) page of the NLPB website. Be sure to send a copy of this form to the NLPB and also retain a copy in the pharmacy.

From a longer-term perspective, following a robbery incident at a pharmacy it is important to:

- Attempt to prevent repeat victimization: if you have been robbed once, do everything you can to make your pharmacy a harder target and manipulate the perceived risk through implementation of the recommendations listed previously.
- Ensure that all the victims take advantage of any victim support services that are available.

As always, safety should remain the focus and priority at all times: never place yourself in danger. In the event of a robbery do everything you can to preserve safety.



[“Talk to Your Pharmacist About the Dangers of Misusing Prescription and Over-the-Counter Medicines” \(Brochure\)](#)

available on the PANL website

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[“For the Public” page](#) of NLPB website

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[Clinical Guidelines page](#) of Canadian Healthcare Network website

Report from February 18, 2011 Board Meeting

Revisions to NLPB Bylaws

The NLPB bylaws and Schedule of Fees were revised slightly. Changes include:

- References to pharmacy students and interns were added in Bylaw 73 and 103.
- Bylaws 101 and 102 were changed to officially move the deadline for Renewal Applications and payment to November 30th from December 31st each year. This is in keeping with the *Policy - Deadline for Registration & Licensing Renewal*, approved previously in October 2009.
- The Schedule of Fees was changed to increase the Late Payment Fee for Annual Renewal to \$100 and to add a new fee for Pharmacy Renovation to accompany the *Policy - Renovation of an Existing Pharmacy / Dispensary*, approved in November 2010.

The complete updated bylaws as well as a document showing the changes can be found on the [Legislation](#) page of the NLPB website.

Revisions to Standards of Pharmacy Practice - Continuing Professional Development

Several changes to these Standards were approved by the Board at this meeting including:

- Limiting the number of CEUs that may be claimed for the *Pharmacist's Letter "CE-in-the-Letter"* to 5 CEUs per year. (section 4.1 ii)
- Redefining post-graduate studies to give a better description of the expectations of the committee regarding these forms of continuing education as well as to add limits to the number of CEUs that can be claimed for these activities. (sections 4.1 vi) and vii))
- Clarifying the rules regarding claiming CEUs for acting as a preceptor to a pharmacy student or intern from schools in provinces other than Newfoundland and Labrador. (section 4.2 i))
- Re-writing the section on "miscellaneous activities" under "Self-Directed Learning" to add more description, to include all forms of presentation / publication / expert-review, and also to add limits

on the number of CEUs that can be claimed for these activities. (section 4.2 iv))

The revised Standards can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Revisions to NLPB Policy - Professional Liability Insurance

The Board approved several changes to this policy which had not been updated since being first developed five years ago. The main changes include:

- Allowing for either "claims made" or "occurrence" types of policies
- Increasing the minimum coverage amount to \$2 million per claim or per occurrence and \$4 million annual aggregate

The Board is also investigating whether or not it is feasible for students and interns to purchase their own personal liability coverage.

The changes made to this policy will come into effect July 1, 2011. The revised policy can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Revisions to NLPB Policy - Registration of Pharmacy Students / Interns

The main intention of revising this policy which had not been updated since its initial approval in October 2007 was to add in reference to pharmacy interns that had not been there previously.

A copy of the revised policy can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Focus of Professional Practice Sub-Committee on Advanced Practice

On the advice of the Professional Practice Sub-Committee on Advanced Practice, the Board has agreed that the two primary priorities of the

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committee at this time are the development of regulations and standards for pharmacists who engage in Injection/Immunization services and pharmacists working in Collaborative Practice environments. Pharmacists can expect to see more information on these two issues over the coming

months.

Strategic Planning

April 8, 2011 has been set for this year's Strategic Planning Meeting. The intention of this session would be to identify the goals and direction of the Board for the next three years.

Complaints and Discipline Resolution

The Complaints Authorization Committee considered an allegation regarding a situation where one patient's prescription had inadvertently been placed in another patient's prescription bag. Upon returning home, the patient ingested a tablet from the vial before realizing that it was not his prescription.

In the letter of response, the pharmacist stated that when he checked the patient's two prescriptions there were two vials and a tube of cream on the counter in close proximity and not in baskets. He stated that he checked the patient's prescriptions and counseled the patient's mother on the medications. He indicated that when he then went back to check the other prescription on the counter, he realized that it had accidentally been placed in the bag with the patient's prescriptions. He attempted to catch the patient's mother in the parking lot but she was already gone. He then left a message on the family's answering service advising her of the extra vial in the bag. When he called again a few minutes later, the patient's mother informed him that her son had already taken one tablet. The pharmacist talked to the patient's mother a number of times following the incident to check on her son and also to inform her of procedural changes such as reinforcing the use of baskets to separate drugs and documentation for each patient that had been put in place.

Decision of the panel:

The panel decided that there were reasonable grounds to believe that conduct deserving of sanction had occurred. The panel directed that the allegation be considered as constituting a complaint and that letters of caution be sent to the Pharmacist-in-Charge

and the pharmacist.

The panel directed that specific points that should be noted in the letters of caution are:

- That the use of baskets to separate prescriptions for different patients, as outlined in the policy and procedures developed for the pharmacy, must be reinforced by all pharmacists and staff in the pharmacy.
- That counseling must take place on every new prescription and should take place on refills. Checking the prescription bottle or package at the time of counseling is a very important step that every pharmacist should be doing to help prevent medication errors.
- That a report on this complaint, on a no names basis, be placed in the next edition of the Board's newsletter, *The Apothecary*, so that ALL pharmacists will be reminded by this incident of their responsibilities to review checking procedures, to counsel patients on original and repeat fillings of prescriptions, and to generally review policies and procedures in their pharmacy to ensure error prevention as much as possible.

At the same time, when making this decision and issuing these cautions, the panel recognized that the pharmacist had admitted that the incident had taken place and that he had responded to the patient in an appropriate manner. The panel also recognized that the pharmacist has indicated that that the use of baskets would be reinforced at the pharmacy aimed at reducing the likelihood of medication errors and that all staff have been informed of the policies and procedures and instructed to follow them.

Recent Updates to the NLPB Website

Contact Us (Find A...)

⇒ Pharmacists & Pharmacies Registers updated

"The Apothecary" & Other Communications

⇒ MedEffect advisories added

⇒ NAPRA Notes March 2011

Standards, Policies & Guidelines

⇒ Standards of Professional Practice - Continuing Professional Development updated

⇒ Policy - Professional Liability Insurance for Pharmacists updated

⇒ Policy - Registration as a Pharmacy Student / Intern updated

Legislation

⇒ NLPB Bylaws updated

⇒ NLPB Schedule of Fees updated

⇒ NLPB Manual files updated



The Canadian Association of Pharmacy Technicians is pleased to present the 2011 Professional Development Conference May 13th to 15th at the Delta Bessborough Hotel in Saskatoon.

The CAPT conference is an annual national event which offers pharmacy technicians the opportunity to learn different scopes of practice, new techniques and new ideas in the profession.

For complete details on the conference go to the CAPT website at www.capt.ca and click on the PDC tab.



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The Apothecary

Summer 2011

NLPB Board Elections

With the Call for Nominations deadline passed, we are pleased to report that we have several nominations for Zone 3 and the "At Large" Board member positions:

<u>Zone 3 (1 seat available)</u>	<u>At Large (3 seats available)</u>
David Cramm	Keith Bailey Jeremy Reid
Theresa Hill	Sheldon Baines Shawn Vallis
	Linda Hensman

Ballots, which will include a brief bio for each candidate will be sent to all pharmacists by August 18, 2011.

The Board greatly appreciates each of these candidates' willingness to offer to serve the profession of pharmacy in this province. We hope that all pharmacists take the time to consider the candidates and vote for your representatives at the Board table.



Report from June 10, 2011 Board Meeting

Annual Report

The Newfoundland and Labrador Pharmacy Board Annual Report for 2011 was approved by the Board. It has since been published to the [About the Board](#) page of the NLPB website and will be officially presented to attendees of the Board's Annual General Meeting which will take place during the PANL Conference in September of this year.

Strategic Planning

This year's Strategic Planning session took place on April 8, 2011. At this session, the attendees, which included Board members and staff, as well as committee chairs, MUN School of Pharmacy students and representation from PANL, identified the goals and direction of the Board for the next three years. At the June meeting the Board endorsed the facilitator's report and planned to meet again in late-July to set priorities and timelines for the goals. A summary of the Board's Strategic Plan for 2011-2013 is available on the [About the Board](#) page of the NLPB website. The full report will be published later in the year after it is finalized by the Board.

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NLPB Policy - Professional Liability Insurance

As reported in the Spring 2011 edition of *The Apothecary*, at its February 2011 meeting, the Board approved several changes to this policy. At the time, the Board was awaiting further information on whether or not it was feasible for students and interns to purchase their own personal liability coverage. At the June 10th meeting, the Board reiterated the fact that individual liability insurance will now be required of pharmacy students and interns as well as pharmacists. The policy came into effect July 1, 2011 with the deadline for pharmacy students and interns to acquire this coverage set at September 30, 2011. The revised policy (as well as the revised "Registration as a Pharmacy Student / Intern" policy) can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Pharmacy Assistant Observer

At its February meeting, the Board accepted several recommendations from the Professional Practice Subcommittee on Pharmacy Technician Regulation. One of these recommendations was to appoint a Pharmacy Assistant to sit as an observer at Board meetings. Since that meeting, the Board's Executive Committee met and discussed this recommendation again. They felt that this was a bit premature and should be delayed for a while. At the June meeting, the Board accepted the Executive Committee's recommendation and decided to defer appointing a Pharmacy Assistant observer to a later date.

Update to Guidelines for Dispensing Buprenorphine

At the time these guidelines were initially developed, in 2008, there was only one form of buprenorphine on the market, Suboxone, which was indicated for the management of opioid dependence. Since then, a new buprenorphine product, BuTrans, has been developed for pain management and the Board has received many calls and emails asking for clarification regarding whether or not the same guidelines apply to both products. As such, it was appropriate to update our guidelines to reflect the new situation. The Board considered and approved changes as follows:

- The title of the document was changed to reflect its intended purpose - *Guidelines for Dispensing Buprenorphine for the Management of Opioid Dependence*
- A new introduction was added to further clarify the issue
- A new section was added to reference the fact that the guidelines do not apply to buprenorphine for pain management.
- The latest version of the College of Physicians and Surgeons of Newfoundland and Labrador's guideline on prescribing buprenorphine for the management of opioid dependence was attached.

The full revised Guidelines can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Update to Standards of Pharmacy Practice - Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies

The Board approved a minor revision to this Standard of Practice. In section 2.3 of the document, several scenarios are described in which a physical inventory count should take place in addition to the regular quarterly counts. The phrase "When a pharmacy closes" was added to this list. The full Standards can be found on the [Standards, Policies & Guidelines](#) page of the NLPB website.

Complaints and Discipline Update

In recent months, the Board has received an increased number of allegations of unprofessional conduct on the part of pharmacists. While a number of these cases are still being dealt with in accordance with the required complaints and discipline process outlined in the Pharmacy Act and Regulations, a number of other cases have been resolved.

Since **ALL** pharmacists have something to learn from these cases, summaries of the decisions reached are published here for the information of all pharmacists.

It should be noted that when letters of caution, counsel or reprimand are issued to pharmacists as a result of the complaints and discipline process, these letters remain on the pharmacist's file for a minimum of five years and would be referenced in any Letter of Standing issued by the Board respecting the pharmacist in question.

Case #1

An allegation was received concerning the conduct of a pharmacist while dispensing a narcotic, as well as other allegations of unprofessional conduct.

After consideration of the information presented, the CAC directed that the allegations be considered as a complaint and referred to a hearing of the Discipline Tribunal. Given the potential risk posed to the public if the allegations made were correct, the CAC further recommended to the Board that the pharmacist's licence to practice be suspended immediately pending the outcome of a discipline hearing. Immediately following the decision of the CAC, a special meeting of the Board was called and the recommendation of the CAC was endorsed by the Board. The pharmacist's licence to practice was suspended and a public notice to that effect was circulated to all pharmacies in the province and to the public.

Case # 2

An allegation was received from the mother of a young child that when her sister brought a prescription for the child to the pharmacy the medication (an antihistamine syrup which is also available over the

counter) offered by the pharmacist was outdated. The pharmacist responded that the medication prescribed was on back order from their usual wholesaler but that a bottle of the medication (which was outdated by about three weeks) had been obtained at another pharmacy and was available if her sister wanted to use that temporarily while in date stock was sought from other wholesalers. Alternatively, another similar product could be used instead. The mother chose not to take the outdated medication and the pharmacist contacted the prescribing physician, at which time the prescription was changed to the alternative product suggested by the pharmacist.

After consideration of the information placed before it, the panel ruled that there was no indication that the outdated medication in question had ever left the pharmacy, been administered to the patient, or been displayed in the patient self-selection area of the pharmacy for possible purchase without the advice of a pharmacist. The panel was also of the opinion that, even if the outdated drug had been dispensed, it would not have posed a risk of injury to the patient. Consequently, the panel found there were not reasonable grounds to believe that the respondent had engaged in conduct deserving of sanction with respect to the practice of pharmacy and therefore, in accordance with section 39(2) of the *Pharmacy Act*, the panel dismissed the allegation.

Case # 3

An allegation was received from a patient that when she brought a prescription for a thyroid medication, which she had not been prescribed before, to the pharmacy, the wrong drug (a blood pressure medication) was dispensed to her. It was after having taken the wrong medication and experiencing adverse effects that resulted in her being taken to the emergency department of the hospital that this error was detected. A response was received from the Pharmacist-in-Charge of the pharmacy. Taking into consideration the response from the Pharmacist-in-

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Charge, as well as other extenuating circumstances, there will be no further action by the Board with respect to this allegation and the case is now closed.

Case #4

An allegation was received from the Chair of the Registration and Licensing Committee indicating that four pharmacists had not complied with the audit requirements of the *Standards of Practice regarding Continuing Professional Development*. Having considered the information before it, the Panel found that there were reasonable grounds to believe the respondents had engaged in conduct deserving of sanction and that the allegation be considered a complaint. The Committee recommended to the Board that if the requested documentation has not been received at the NLPB office by 10:00am, March 25, 2011 the respondents' licenses to practice be suspended until they had adhered to the requirements for continuing education, and that the respondents' licenses be reinstated once they have provided documentation of the required continuing education satisfactory to the Registration and Licensing Committee. The required information was provided by all of the pharmacists named before the deadline and their licences to practice were not suspended.

Case #5

An allegation was received from a Pharmacist Supervisor indicating that a pharmacist under their supervision was failing to adhere to conditions of licensure imposed as a result of earlier discipline proceedings.

After consideration of the information placed before it, the Panel was of the opinion that there were reasonable grounds to believe the pharmacist had engaged in conduct deserving of sanction and the allegation be considered as constituting a complaint.

The Panel instructed the Secretary-Registrar to file a complaint against the pharmacist and refer it to the Disciplinary Panel. After consideration of the concern for public safety, the panel further recommended to the Board that the pharmacist's licence to practice be suspended immediately pending the outcome of a

hearing of an adjudication tribunal. Based on consideration of the allegations, and upon the recommendation of the CAC, the Board suspended the pharmacist's licence to practice.

Case #6

An allegation was received from the representative of a pharmacy in the province that a pharmacy in another community might not be adhering to the Board's Standards of Practice related to the faxing of prescriptions and the delivery of prescriptions.

After consideration of the information presented to it following an investigation, the CAC found that there was sufficient evidence of conduct worthy of sanction on the part of the respondent pharmacist and ordered that the pharmacist ensure that the Standards are adhered to completely and that a letter of caution be sent to the pharmacist pointing out:

- Standards of Pharmacy Practice related to the faxing of prescriptions are not being fully adhered to and should be reviewed to ensure that they are followed by all pharmacists at the pharmacy.
- The Standards of Pharmacy Practice regarding the delivery of prescriptions are not being fully adhered to and should be reviewed to ensure that they are followed by all pharmacists at the pharmacy.
- In particular, the Standards require that *"The pharmacist shall take reasonable steps to satisfy himself or herself that all personnel responsible for the delivery of prescriptions are reliable and must provide a documented paper trail and proof of delivery. Signatures shall be obtained from the recipient and kept on file at the pharmacy."* In addition, *"Patients requesting delivery of prescriptions to a person other than themselves must provide the pharmacy with written delegation of authority for that person to act as the patient's agent. The written delegation of authority to an agent must include the name of the designated agent and the name and signature of the patient, and must be kept on file in the pharmacy and noted in the patient's profile."* The

(Continued on page 5)

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pharmacist was cautioned that **a signature on a delivery log acknowledging receipt does not meet the requirement for specific written delegation of authority to act as the patient's agent, particularly if the receipt is signed by a person who is not the patient. A signed document should be kept on file for each patient requesting delivery to an agent.**

- Also, *"In the case of delivery of prescriptions to an agent, prescriptions that are not delivered to the patient within three (3) days shall be returned to the pharmacy and it is the responsibility of the pharmacist to ensure that the prescription is delivered to the patient in a timely manner."* While documentation was presented that a Delivery Log was kept by the pharmacy, it was not always complete and did not record important tracking information. The Panel cautioned the pharmacist that **the Delivery Log utilized by the pharmacy should be reviewed to ensure that it documents all information needed to maintain a trail of delivery. It should also be ensured that all required tracking information is recorded on the log and signed for both by the patient or their agent and by the person who provides the delivery.**
- Finally, while the prescription Delivery Slip presented is clear in offering to the patient the availability of a pharmacist's advice and consultation, and a toll free number is provided, **the offer of counselling and the provision of patient information sheets is not adequate, in itself, to meet the requirements of the Pharmacy Regulations respecting patient counselling regarding their prescriptions. The pharmacist (and all pharmacists in the province) is also reminded that specific documentation on the patient profile that counselling on specific prescriptions was provided to the patient would be a clear indication that the requirements of the Pharmacy Regulations in this respect had been met.**

Case # 7

An allegation was received from a patient that when a renewed prescription (for a laxative) that had been previously logged on at the pharmacy was dispensed some time later, the wrong medication (a blood pressure medication) was dispensed. Upon investigation of this incident on behalf of the CAC, it appeared that the drug prescribed had been incorrectly recorded when the prescription had been first logged and that the error had not been detected at a number of steps, or by a number of pharmacists, during the dispensing process. There were also concerns expressed that policies and procedures in place at the pharmacy regarding professional accountability may not have been followed by the pharmacists on staff or enforced by the Pharmacist-in-Charge, or may not have been clear.

The CAC extensively discussed several issues:

- Which pharmacist or pharmacists were actually involved with filling the prescription
- Whether the pharmacy's policies and procedures were actually followed during the filling of this prescription
- Whether the pharmacy's policies and procedures have deficiencies which resulted in or contributed to the dispensing error in this case
- Was there conduct deserving of sanction on the part of one or more pharmacists, and if so what is the appropriate action to be taken by the CAC.

In particular, the panel was very concerned that, in their responses to the allegation, the pharmacists questioned the validity of the computer records regarding who had performed which role in the filling of the prescription in question. The two staff pharmacists indicated that it was the practice in the Pharmacy for the first pharmacist to arrive in the morning to log on to the system and then not log out before another pharmacist used that same terminal. The result of this would be that subsequent prescriptions filled on that terminal would indicate the "logged in" pharmacist's initials on the computer record, which would not necessarily indicate the actual pharmacist who had performed that role in the filling

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of the prescription. The pharmacists stated that it was impossible to tell if a given pharmacist did actually fill any particular prescription, even if his/her name was indicated on the record.

The panel also discussed the fact that **responsibility also rests on the Pharmacist-in-Charge, given the apparent knowledge on the part of management staff at the Pharmacy of the practice of logging in and then not logging out, or using terminals on which other pharmacists were logged in (using other pharmacists' passwords), resulting in the situation which occurred.**

The panel considered **the practice of using other staff member's codes to be an unacceptable practice that could contribute to an attitude of reduced acceptance of responsibility on the part of pharmacists,** if it results in an inability to determine who performed what part of the dispensing of the prescription. It is not acceptable to the Panel, or in practice, for a pharmacist to not take responsibility in a situation like this one, because of the "logging in" practice apparently used extensively at the Pharmacy. The public deserves to be able to determine exactly which pharmacist was involved in the filling of any given prescription.

The Panel was left with the conclusion that, in the absence of any other documentation, it had to accept as accurate the indication in the Pharmacy records that three pharmacists were directly involved in filling the prescription and all three pharmacists must take responsibility for the error that occurred. The prescription was incorrectly entered in the computer system, when being "logged" for later use and that error was not detected by any of the other pharmacists who apparently participated in the ultimate filling of the prescription. This included the "visual verification" stage where, either the original prescription (or its scanned image) was not visually checked against what was being dispensed, or, the same error that was made when the prescription was entered was repeated by the pharmacist who did the "visual verification".

It also appears that there was no counseling

provided for this prescription, contrary to the Pharmacy Regulations. Counselling should have been provided especially in this case, as the drug dispensed was a new drug for that patient. Presumably, if counseling had occurred, the person receiving the dispensed prescription would have been alerted to the fact that the drug being dispensed was a blood pressure medication, not the laxative that she was expecting and had received in the past.

The CAC decided that there were reasonable grounds to believe that the respondents had engaged in conduct deserving of sanction, and therefore the allegation would be considered as constituting a complaint. The Panel ordered that appropriate letters of counsel be forwarded to each of the three staff pharmacists involved. With respect to the Pharmacist-in-Charge, it is the Pharmacist-in-Charge who is generally responsible for ensuring that appropriate policies and procedures are in place and followed in a pharmacy, and it appears that the practice of pharmacists logging in to a computer, not logging out, and allowing other pharmacists to use their computer codes was known to the pharmacy management at the pharmacy, at the time the subject prescription was logged in, and dispensed. **That being the case, the Pharmacist-in Charge was responsible for allowing an unacceptable practice to continue.**

The Panel ordered that the Pharmacist-in-Charge also receive a letter of counsel regarding the inappropriateness of allowing the subject practice to continue. The Panel also recommended that the district office of the pharmacy be made aware of this Decision, and that it take into consideration the findings and recommendations in this Decision regarding policies and procedures in place in the pharmacy. **The Panel also recommended that an article be placed in The Apothecary, on a no names basis, regarding the need for pharmacists to at all times be accountable for their actions in filling or dispensing a prescription, and advising that it is not acceptable for any pharmacist to allow another pharmacist to use his or her name at any stage of the filling or dispensing process.**



Recently, members of our Pharmacy Network (PN) team conducted site visits with various community pharmacies around the province that are connected to the Pharmacy Network. The purpose of their visits was to follow up with pharmacists about their experiences with the Pharmacy Network, as well as to provide an opportunity for pharmacists to meet one-on-one with Pharmacy Network staff. The feedback gathered from these site visits will support our approach for Continued Quality Improvements (CQI), open communications and ultimately, to realize the benefits of the Pharmacy Network.

Pharmacists recognize that there is a learning curve and adjustment time; as well they are seeing the improvements being made to vendor systems, along with the Drug Information System (DIS), based on their feedback as we move forward. Although there have been a few challenges, pharmacists have provided resoundingly positive feedback on the Pharmacy Network. They are seeing value in the Network, and acknowledging the importance of shared medication profiles via this province-wide system.

Notably, pharmacists see value in monitoring medications that may cause drug interactions as well as those that have potential for misuse and/or abuse. Pharmacists also commented that the Pharmacy Network will save time and reduce errors, specifically when liaising with other healthcare providers on patient medication profiles.

“Having instant access to a patient’s medication profile could be life saving in an emergency situation,” said one pharmacist. It can be time consuming for a health professional to acquire this information. Phone, fax and mail do not necessarily offer the quickest response time. Also, pharmacies are not open 24 hours a day, nor are pharmacists always available to answer calls. The Pharmacy Network will provide instant access to information, avoiding delays.

Connecting Over the Network

“Pharmacists share feedback on progress of the Pharmacy Network”

The importance of information sharing was evidenced at one pharmacy in particular, located in Central Newfoundland. A patient of the pharmacy is a resident of a community two hours away, but spends much of her time in the Central area with family. She also receives chemotherapy treatments at Central Health. When filling a prescription for this patient the pharmacist was able to ensure appropriate precautions were taken to prevent adverse events from occurring related to medications filled at another pharmacy location.

This is just one example of the benefits of the Pharmacy Network and how it supports improved health through quality health information. There are many examples from pharmacists who have realized the benefits of the Pharmacy Network already. Continued connection to the Pharmacy Network by all pharmacies will result in the vision of available and accessible medication information where and when it is needed. The people of this province deserve to realize the benefits of our investments and there are many reasons to be optimistic for the promise of enhanced care that the EHR will enable.

NLCHI Pharmacy Network Team

The Pharmacy Network is a provincial drug information system that contains records of patient medication information and comprehensive drug information. It is a component of the provincial Electronic Health Record (EHR), designed to support improved patient safety and overall enhanced care.

As of June 4th 2011, there have been 49 community pharmacies connected to the Pharmacy Network. There have been 1,608,977 additions to a patient’s PN profile (prescriptions and dispenses), representing 94,103 patients. There have been a total of 6022 times when additional or shared information has been available to pharmacists for decision-making purposes. To learn more, please visit the [Pharmacy Network](http://www.nlchi.nl.ca/pharmacynetwork/) website at www.nlchi.nl.ca/pharmacynetwork/.

Miscellaneous Notes and Reminders

Disclosure of Patient Information Without Consent Under the Personal Health Information Act

Recently our office received a call from a pharmacist working in an ICU hospital setting regarding a conversation he had with a local community pharmacist. The hospital pharmacist, as a part of a medication reconciliation process, had requested information about a patient's medication profile from the community pharmacist. In this particular case the community pharmacist indicated that he could not release this information without the patient's consent, because of the requirements of the recently proclaimed Personal Health Information Act (PHIA).

While the prohibition of disclosure of personal health information without the patient's consent has long been a cornerstone of privacy and confidentiality standards of practice, and is a fundamental principle of the PHIA legislation, there are indeed some situations in which disclosure without patient consent is considered acceptable, or may in fact be required by law. (The mandatory disclosure of patient information to the Pharmacy Network without patient consent is an example of a legislated requirement for disclosure. The disclosure of information in an emergency situation, when the patient is incapacitated and unable to give consent, is an obvious example of a case where disclosure without consent would be in the patient's best interest, and acceptable practice.)

Section 24 of PHIA specifically permits, through "implied consent", disclosure to other professionals/custodians involved in the "circle of care" of the patient (see <http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm#24>). Also, section 37 of PHIA, regarding disclosure without patient consent, permits disclosure from one custodian to another when explicit consent can not

readily be obtained due to incapacity of the patient (see <http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm#37>).

Having said that, pharmacists must be reasonably assured that, when a request for disclosure of patient personal information is received, the patient has provided consent to such disclosure, or the situation is one in which implied consent is acceptable. While the Personal Health Information Act aims to protect and ensure the privacy and confidentiality of patients' personal health information, it is not intended that reasonable disclosure of information to optimize the patient's health care be inhibited or prevented.

It might be added that this incident is an excellent example of the future benefits that can come from the linkage of all of a patient's health information into a comprehensive Electronic Health Record which is then accessible to those health care professionals who need that information to properly care for the patient.

Updates to Tamper Resistant Drug Pad Program Schedule of Drugs

Recently, the Department of Health and Community Services updated the list of drugs that are required to be written on TRPP pads. This revision saw the addition of several new drugs / brand names to the

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list as well as the removal of several discontinued or out-dated drugs / brands. This will hopefully make the list more “user-friendly” and alleviate some of the questions surrounding the new drugs, in particular. The list, along with the TRPP Brochure, is linked via the [Legislation](#) page of the NLPB website.

Clarification Regarding Limitations on CEUs from the “Pharmacist’s Letter”

Pharmacists are reminded that, as described in the [Spring 2011](#) edition of *The Apothecary*, the number of CEUs that may be claimed for the Pharmacist’s Letter “CE-in-the-Letter” has now been limited to 5 CEUs per year (see section 4.1 ii) of the *Standards of Pharmacy Practice - Continuing Professional Development*). However, this limitation **DOES NOT** include CEUs that may be obtained through completion of other, more in depth, Professional Development programs that the Pharmacist’s Letter may offer. It only refers to those CEUs obtained through completion of the “in issue” “CE-in-the-Letter”.

Clarification on the Use of “Stat Med” Boxes in Personal Care and Community Care Homes

While the *Standards of Pharmacy Practice - The Provision of Pharmaceutical Care to Personal Care Homes and Community Care Homes* does not specifically prohibit the use of “Stat Med” Boxes in these types of homes, **this practice is strongly discouraged by the Board**. The Professional Practice Sub-Committee on Long Term Care is currently developing a draft Standards of Practice for Long Term Care facilities that will discuss and address the appropriate use of “Stat Med” boxes in Long Term Care facilities where they are accessible to properly trained staff at the facility.

Putting Prescriptions “On File” for Later Filling

The practice of putting prescriptions “on file” for a patient to pick up at a later date (“logging”, “unfilling”, etc.) is very common. On the surface, this is a good practice as the pharmacist has the complete profile and can record any changes to dosage, etc. and the patient does not have to worry about misplacing the prescription. However, as is apparent from the discipline case on page 5, there are several issues with this practice as well. Our biggest concern at this time is the practice of having a pharmacist or assistant enter (“key”, “input”) the prescription into the computer at one point in time while a pharmacist may not check or verify this prescription until a later time or date. The main issue with this practice is the lag time between these two events and whether it is possible for a patient to return and pick up the medication **BEFORE** the prescription has been checked.

As such, prescriptions should not be entered into the computer unless it is realistic that the prescription will be checked by a pharmacist within a reasonable time period (at least that same day). Pharmacists-in-Charge are encouraged to review their pharmacy’s policy on this practice to ensure that patient safety and prescription accuracy are paramount.

Call for Expression of Interest

Eastern Health Medication Reconciliation Advisory Committee

Eastern Health is looking for a community pharmacist to serve on its Medication Reconciliation Advisory Committee. This committee provides organizational direction to standardize processes and ensure consistency with implementation of Medication Reconciliation (Med Rec) throughout all relevant programs / service areas of Eastern Health.

Pharmacists can contact Melanie Healey (mhealey@nlpb.ca or 709-753-5877) to find out more information about the committee, including membership, frequency of meetings, reimbursement, etc. or to express their interest in volunteering to serve on the committee.

Recent Updates to the NLPB Website

Standards, Policies & Guidelines

- ⇒ Guidelines - Dispensing Buprenorphine for the Management of Opioid Dependence
- ⇒ Policy - Professional Liability Insurance for Pharmacists updated
- ⇒ Policy - Registration as a Pharmacy Student / Intern updated
- ⇒ Standards of Pharmacy Practice - Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies

Legislation

- ⇒ NLPB Manual files updated

Professional Practice Resources

- ⇒ Canadian Adverse Reaction Newsletter July 2011

Provincial Drug Schedules

- ⇒ Official Drug Schedules and Guide to Drug Schedules updated for 2011

About the Board

- ⇒ Annual Report 2011
- ⇒ Strategic Plan 2011-2013 summary
- ⇒ Board Meeting Minutes - February 18, 2011 Meeting

Contact Us (Find A...)

- ⇒ Pharmacists & Pharmacies Registers updated
- ⇒ Dentists, Optometrists and Veterinarians lists all updated



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Zone 2Ray Gulliver
Zone 3 TBD
Zone 4 Christina Tulk
At Large Keith Bailey, Brian Healy, Linda Hensman

Appointed Members

..... Don Mifflin
..... Eugene Toope

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Newfoundland and
Labrador Pharmacy
Board

*The Apothecary is the
newsletter of the
Newfoundland &
Labrador Pharmacy
Board.*

*It contains
information on a wide
variety of topics
intended to enhance
the practice of all
pharmacists in the
province of
Newfoundland &
Labrador.
Pharmacists are
responsible for
reviewing any and
ALL INFORMATION
contained within
including documents
which are made
available on the NLPB
website via links
throughout the
newsletter.*

*The Apothecary is
now circulated
electronically and is
available in hard
copy format only
upon specific request.*

The Apothecary

Fall 2011

NLPB Board Elections



This year's election of NLPB board members is now completed. The election began with a Call for Nominations in Zone 3, (due to the resignation of Dorothy Ainsworth) and the "At Large" Zone on June 14, 2011. Nominations were received for David Cramm and Theresa Hill in Zone 3 and for Keith Bailey, Sheldon Baines, Linda Hensman, Jeremy Reid and Shawn Vallis in the "At Large" Zone. Subsequently, prior to circulation of the ballots, Linda Hensman withdrew her name from consideration. Ballots were mailed to all registered pharmacists and were counted on September 12, 2011 with the results as follows:

<u>Zone 3 (1 seat)</u>	<u>At Large (3 seats)</u>
David Cramm	Keith Bailey Sheldon Baines Shawn Vallis

The new members began their terms of office on September 17, 2011 at the 2011 Annual General Meeting, where, additionally, Christina Tulk completed her term of office as Board Chair assuming the position of Past-Chair. Immediately following the AGM, at a Special Meeting of the Board, a new Executive was elected with Debbie Kelly assuming the Board Chair, Ray Gulliver elected Vice Chair and Sheldon Baines elected Executive Member. For a complete list of the current Board as well as the Executive Committee members, please see the back page of this *Apothecary* or the [Contacts](#) page of the NLPB website.

Get to Know Your New Board Members

Keith Bailey

Keith, a long time NLPB Board member, has been a strong advocate for the expanded role of the pharmacist in the ever changing health care system during his fifteen year career and looks to continue that work at the Board level. Ensuring pharmacists have optimal use of their skills in patient care is critical & priority one. He is proud of the trusted role of the pharmacist & believes pharmacists should remember the past while embracing the future.

Keith is a MUN School of Pharmacy graduate (Class of 1996) and also holds an MBA from MUN (2004). He has practiced in various roles at independent pharmacies, Wal-Mart and Shoppers Drug Mart. He is currently Pharmacy Operations Specialist for Shoppers Drug Mart in Atlantic Canada and also a guest lecturer at Memorial's School of

(Continued on page 2)

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Pharmacy where he teaches Pharmacy Administration. He is a past Chair of the Newfoundland and Labrador Pharmacy Board and a past president of the Pharmacists' Association of Newfoundland and Labrador, still serving on various committees for both.

Keith, originally from Twillingate, now lives in St. John's with his wife, Stacey, and two children, Simon and Isaac.

David Cramm

David graduated from Memorial University School of Pharmacy in 1998 and started his pharmacy career at Shoppers Drug Mart in Gander. David moved back to his hometown of Lewisporte in 2002 and worked at Lawtons Drugs for two years before moving to Shoppers Drug Mart in Lewisporte in 2004. In 2008, David and his family moved to Montague, PEI to take a position as pharmacist/owner with Shoppers Drug Mart. He returned again to Lewisporte in 2010 to become the pharmacist owner at the Shoppers Drug Mart there.

David presently serves on the Board for the Lewisporte and Area Chamber of Commerce. He has been married to his wife, Vicki, for 12 years and has two daughters, Abigail (10) and Sophia (7).

Shawn Vallis

Shawn grew up in the town of English Harbour West on the south coast. He graduated from Memorial University School of Pharmacy in 1999 and began working with The Drugstore Pharmacy in Long Pond, Clarendville and Mt. Pearl. In 2000, he began working at Sagona Drugs, where he still works today. He lives in Harbour Breton with his wife Sheena and two year old daughter, Madelynn.

Shawn has volunteered for many years, beginning in high school and continuing during his time at the School of Pharmacy where he served as MUPS treasurer. Since moving to Harbour Breton, he has been heavily involved in the community, spending several years volunteering with the Lion's Club and the local Army Cadet corps. He has also worked with RCLTS Greenspond which offered advanced training

to cadets from all across central Newfoundland. He currently sits on the board of HBIC which tries to recruit investment opportunities to the area and is Vice President of the Harbour Breton Lions Mens Dart League. He is a volunteer fire fighter and has held executive positions with the Lions Club and local fire department in the past. He has also served on the 65 Plus Plan committee which included members of the pharmacy profession and the Department of Health.

Sheldon Baines

Sheldon Baines chose to pursue Pharmacy as his second career after working as a software engineer with Nintendo in Seattle for nearly 6 years. He served on the CAPSI national council his entire time as a pharmacy student at Memorial University, accepting the role of Vice President of Inter-professional Affairs on the national executive in his final year. After graduation in 2007, he became a manager with Walmart Pharmacy in Edmonton after moving there with his wife. He returned to Newfoundland as the proud father of a young son in January of 2010 to open an independent pharmacy with a focus on biologics and temperature sensitive medications inside a clinical research facility. His was one of the first pharmacies on the island connected to the Pharmacy Network and was awarded the Nycomed Magnum Opus last year for innovative practice. He helped frame the PEBC Evaluating Exam for Pharmacy Technicians and served on the CPhA Practitioner Review Board for the new Compendium of Self-Care Products and Patient Self-Care publications. He currently volunteers on the NLPB Professional Practice Sub-Committees for Pharmacy Technology Standards and Advanced Practice. He also serves on PANL's Professional Practice committee and has hopes of improving communication between the organizations and coordinating efforts to help guide the profession through the evolution of practice in the province.

Message from the new Board Chair

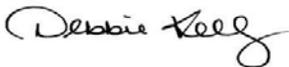
These are exciting and challenging times in the pharmacy profession. The role of the pharmacist is evolving, to the benefit of the public, I believe. When health professionals work together collaboratively and to their full scope of practice, everyone wins --- health providers experience professional satisfaction when they fully utilize their knowledge and skills in providing care; the healthcare system realizes efficiencies in access to care; and most importantly, the public receives optimal care, when they need it.

We are on the way to realizing this vision, and the new 2011-2013 Strategic Plan of the NLPB will help to take us there. The Board is hard at work preparing for the legislative changes and regulatory framework to enable advancing scope of practice and technician regulation. We look forward to dialoguing with pharmacists throughout the province on these important issues over the next few months. Also, pharmacists can look forward to seeing a new database installed at the NLPB over the coming year, which will enable easier pharmacist registration renewals and tracking of continuing professional development activities. Stay tuned for these changes soon!

At this time, I would like to thank our outgoing chair, Christina Tulk for her vision and leadership over the past year, as well as our other board members who are leaving us this year: Linda Hensman and Brian Healy, for your dedication and support. I am very much looking forward my tenure as chair of the Newfoundland and Labrador Pharmacy Board, and to working with our new board, including newly elected members Sheldon Baines, David Cramm and Shawn Vallis.

There is a lot of work ahead of us as we prepare for these necessary and imminent changes. I encourage all pharmacists to participate in this process, whether by volunteering on committees or by coming out to zone meetings to dialogue and share your thoughts. Please feel free to contact me with your ideas, comments or concerns: dvkelly@mun.ca. Come forward and be part of the change!!

Respectfully,



Debbie Kelly

Call for Expression of Interest

Eastern Health Medication Reconciliation Advisory Committee

Eastern Health is looking for a community pharmacist to serve on its Medication Reconciliation Advisory Committee. This committee provides organizational direction to standardize processes and ensure consistency with implementation of Medication Reconciliation (Med Rec) throughout all relevant programs / service areas of Eastern Health.

Pharmacists can contact Melanie Healey (mhealey@nlpb.ca) for more information about the committee, including membership, frequency of meetings or reimbursement or to express their interest in volunteering to serve on the committee.

Miscellaneous Notes and Reminders

Important Notice to Pharmacists **Regarding Pradax™**

We have recently become aware of two separate incidents concerning the anticoagulant medication, Pradax™ where, in both cases, the pharmacist dispensed the incorrect strength of the medication. When reviewing the incident and the possible contributing factors, it was discovered that both pharmacists were unaware that the medication was available in multiple strengths.

In fact, Pradax™ is available as 75mg, 110mg and 150mg capsules with varying dosage regimens depending on patient factors and indication. In some cases 75mg BID is warranted while in others 220mg OD is the correct dosage.

Pharmacists are advised, if there is ever any doubt whatsoever as to the completeness or correctness of a prescription, they should contact the prescriber for clarification. In addition, the increasingly regular introduction of new medications, new and changing indications and updated safety information makes it critical that pharmacists stay up-to-date at all times. One way to do this is to check the [NLPB website](#) regularly for Adverse Reaction Newsletters as well as Health Canada Advisories for both health professionals and the public. Pharmacists should also make an effort to regularly review publications such as [Pharmacy Practice](#) and the [Canadian Pharmaceutical Journal](#) which regularly list these changes in a concise and easy-to-read format.

Tamper Resistant Prescription Pad **Program Regulations**

As you are aware, the regulations related to the Tamper Resistant Prescription Pad (TRPP) program are found in the regulations to the Pharmaceutical Services Act. This act is administered by the Pharmaceutical Services Division of the Department of Health and Community Services.

With the amendment to the Pharmacy Act in 2009, the province legally recognized prescriptions from

physicians outside the province. Therefore, NL residents can get some prescriptions filled in NL that are written by licensed physicians in other provinces. However, residents cannot get prescriptions from out-of-province physicians filled for medications that are listed on the Schedule of Drugs because they must be written on the tamper resistant pad.

It has been acknowledged that at various times during the year this becomes an issue for patients. At times the Opioid Treatment Centre in Pleasantville will receive requests from patients enrolled in out of province methadone programs who wish to return to the province. With the increasing wait list being experienced by the clinic, these requests cannot be accommodated in a timely manner. In addition, the few private clinics specializing in methadone maintenance do not have the capacity to accept new patients.

After reviewing a number of options, the Department of Health and Community Services has decided to accept requests from out of province registrants (physicians) for a tamper resistant pad. Several conditions apply to the use of this pad:

- The requesting physician will be provided with ONE pad containing 25 sheets with a note clearly printed on each sheet "VALID FOR METHADONE MAINTENANCE ONLY".
- The pad is only to be used for prescriptions for methadone for addictions purposes only.
- As part of their continuum of care, the physician will be asked to make arrangements with the patient's pharmacy of choice prior to travel
- The physician should note, in their handwriting, the name of the pharmacy indicated above on the prescription.

Pharmacists are still expected to take the same reasonable steps to ensure that an out of province prescriber is licensed and practicing in Canada that they would have taken up till now to ensure that a prescriber unknown to them is licensed to practice in this province.

In addition, as with any prescription, pharmacists are

(Continued from page 4)

expected to use due care and caution to verify both the identity of the prescriber and the validity of the prescription before deciding to dispense the prescription. Prescriptions should not be dispensed if the pharmacist is not convinced of the identity of the prescriber and the validity of the prescription.

For more information on this, please refer to NLPDP Bulletin #94 available on the [NLPDP website](#) or contact the Pharmaceutical Services Division of the Department of Health and Community Services at 709-729-6507 or 1-888-222-0533.

The Regulations to the Pharmaceutical Services Act, along with the TRPP Brochure, is available via the [Legislation](#) page of the NLPB website.

Pharmacists are Custodians Under the Personal Health Information Act (PHIA)



We have become aware of the fact that many pharmacies have still not implemented many of the recommendations made based on the introduction of the new privacy legislation, PHIA. Pharmacists are

reminded that PHIA applies to "custodians" of personal health information and that pharmacists are included as custodians as defined by the Act.

The Department of Health and Community Services has put together a number of resources for custodians to make it easier to be compliant with the legislation. These are detailed on a special government webpage that is linked through the [Professional Practice Resources](#) page of the NLPB website. This page also contains a "Privacy Checklist" that was developed to help custodians start their privacy analysis and to consider whether they have fulfilled their high-level requirements under PHIA.

In addition, the Pharmacists Association of Newfoundland and Labrador (PANL) has developed a list of recommendations related to PHIA for pharmacies to review. This is available on the PANL website at www.panl.net.

Pharmacists are reminded that this is an important legislated requirement and that they are responsible for ensuring that their practices are compliant with the legislation.

Quick Bits

Pharmacists, Pharmacists-in-Charge and Pharmacy Owners are reminded that Notices of Annual Renewal of Pharmacist Registration and Pharmacy Business License will be circulated within the next few weeks and must be returned no later than NOVEMBER 30, 2011. We would further remind you that the Board has approved increases to the fees associated with these renewals that will come into effect at this time.

∞

The Board would like to thank all pharmacists who acted as preceptors to pharmacy students and interns over the past year. Your dedication to the future members of our profession is greatly appreciated.

∞

Pharmacists are reminded that when sending information related to incidents or pharmacy programs out of the pharmacy (for example to a head office) this information should be deidentified to protect the patient's right to confidentiality unless they have waived their right for this specific purpose.

∞

We would like to remind pharmacists of the recent Call for Expression of Interest in Serving on NLPB Committees. This call is extended to all pharmacists regardless of whether they currently sit on a committee or not. We are always looking for new volunteers who are interested in serving on our committees which are vital to us in meeting our goals.

If you already sit on a committee, we would welcome you to continue to do so. Please let us know by responding to the specific letter that current committee members should have received via postal mail.

Recent Updates to the NLPB Website

About the Board

- ⇒ Board Meeting Minutes - June 10, 2011 Regular Meeting & July 27, 2011 Special Meeting

Contact Us (Find A...)

- ⇒ Pharmacists & Pharmacies Registers updated
- ⇒ Optometrists list updated

“The Apothecary” & Other Communications

- ⇒ Memo to Pharmacies Concerning Pharmacy Security
- ⇒ Notice to Pharmacists-in-Charge - New Regulations Established

Legislation

- ⇒ NLPB Bylaws updated to reflect changes approved at September Board meeting
- ⇒ NLPB Manual files updated

Professional Practice Resources

Canadian Adverse Reaction Newsletter October 2011

Pharmacy Technician Regulation

- ⇒ Pharmacy Technician Regulation News Issue #5
- ⇒ NLPB Decision Regarding Pharmacy Technician Bridging Programs



The Apothecary

published quarterly by the
Newfoundland and Labrador

Pharmacy Board

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Zone 3 David Cramm
Zone 4 Christina Tulk
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Past Chair Christina Tulk



Newfoundland and
Labrador Pharmacy
Board

The Apothecary is the newsletter of the Newfoundland & Labrador Pharmacy Board. It contains information on a wide variety of topics intended to enhance the practice of all pharmacists in the province of Newfoundland & Labrador. Pharmacists are responsible for reviewing any and **ALL INFORMATION** contained within including documents which are made available on the NLPB website via links throughout the newsletter. The Apothecary is now circulated electronically and is available in hard copy format only upon specific request.

The Apothecary

Winter 2011

As the Christmas Season approaches and the year draws to an end, we take this opportunity to wish you and those dear to you a Very Merry Christmas and a Happy New Year.

*Best Wishes from all of us at
the Newfoundland and Labrador
Pharmacy Board.*

*Meghan
Handrigan*

Aileen O'Kefe

Donald Hone

M. Healey

Arlene Crane

Holiday Hours for NLPB Office

With the Christmas and New Year holiday season approaching please note the holiday hours of operation for the Board office:

- Monday, Dec 26th** Closed (for Boxing Day holiday)
- Tuesday, Dec 27th** Closed (for Christmas Day holiday)
- Monday, Jan 2nd** Closed (for New Year's Day holiday)

During the holidays mail may be left in the mail slot of our fire exit door. Messages may also be left on our telephone answering machine, by fax, or by e-mailing one of the Board staff members at the email addresses listed at the back of this newsletter.



Pharmacists are advised that while Professional Development Logs must normally be received no later than December 31st, due to the holiday schedule, if your PD Log is received after 4:30 pm on December 30th it **WILL NOT BE PROCESSED AND YOUR REGISTRATION WILL NOT BE RENEWED** until January 3rd.

Alberta Pharmacist Fined \$15K for Snooping Through Health Files

A former Edmonton pharmacist has been fined \$15,000 after admitting she snooped through the health files of several people.

The office of the privacy commissioner says Marianne Songgadan was charged after the office received a complaint from a woman in August 2010.

The woman said the pharmacist had used Alberta's electronic health records to get information about her.

She also said details about a prescription drug she had taken were posted on Facebook.

Three other women came forward after the initial allegations to complain about the same pharmacist.

An audit by the privacy office found the health information of eight other individuals had been compromised.

Privacy commissioner Frank Work says it was a serious violation of the Health Information Act.

"Snooping through health information for personal purposes will not be tolerated and there will be prosecution," he said in a release Tuesday.

"This office has the responsibility of overseeing the protection of health information and we will not hesitate to prosecute."

It's the second prosecution under the act. A medical clerk from Calgary pleaded guilty to lifting health information in 2007 and was fined \$10,000.

The original complainant alleged that Songgadan had taken information from the woman's health records for the purpose of humiliating her in front of her peers and as revenge for a personal conflict.

Privacy investigators learned that Songgadan had become involved in a conflict with several women who attended her church in the summer of 2009. The disagreement related to the romantic interests and activities of one of the male members of the congregation.

The women made a complaint to the church about Songgadan's conduct. It was after that that she looked at their electronic health records and posted what medications they were taking on Facebook.

A detailed review of Songgadan's use of Alberta Netcare revealed unauthorized access to the files of eight additional individuals. She identified most of them as people who may have been sympathetic to the complainants.

Songgadan was charged in April with 11 counts of knowingly obtaining or attempting to obtain health information in contravention of the Health Information Act. She pleaded guilty to a single charge on Monday.

The original complainant also went to the Alberta College of Pharmacists, which ruled that Songgadan's actions were unprofessional. She was fined \$4,000 and suspended.

She is currently licensed and practising in Ontario.

Songgadan has apologized to the complainants.

Woman says pharmacist used EHR to obtain her prescription drug information and posted details on Facebook.



Reprinted from [Canadian Healthcare Network article](#), December 7, 2011

Complaints and Discipline Update

Case #1

An allegation was received from a patient that his privacy had been violated when a pharmacist discussed his prescription and the medication he was prescribed in the presence of non-pharmacist staff.

A panel of the Complaints Authorization Committee met to consider the letter of allegation and found that there were reasonable grounds to believe the respondent had engaged in conduct deserving of sanction and that the allegation be considered a complaint. In accordance with section 39(3)(b) of the *Pharmacy Act*, the panel instructed the Secretary-Registrar to file the complaint and refer it to the disciplinary panel.

Subsequently, a hearing was held at which an Adjudication Tribunal of the Disciplinary Panel heard the case. At this hearing, there was conflicting evidence heard from the complainant and the respondent leaving the panel "unable to conclude there were any inherent probabilities or improbabilities in the evidence of either party". The panel concluded that either version of the events was a possibility, but no more than a possibility and not a probability. Therefore, the panel dismissed the complaint and found the respondent not guilty of conduct deserving of sanction due to the fact that the burden of proof had not been met. However, the panel did have concerns regarding whether or not the respondent had a sufficient comprehension and understanding of the obligations placed on him/her by the *Standards of Pharmacy Practice - Privacy and Confidentiality of Personal Health Information* and the *Code of Ethics for Pharmacists*. For that reason, the panel ordered the respondent to confirm in writing to

the Pharmacy Board, within 14 days of the receipt of the decision, that (s)he has reviewed in detail and understands the *Standards of Pharmacy Practice - Privacy and Confidentiality of Personal Health Information* and the *Code of Ethics for Pharmacists*. The respondent has met this requirement and the case is now closed.

Case #2

An allegation was received from a pharmacist alleging that a pharmacy was operating outside of the *Standards of Pharmacy Practice - Lock and Leave for Community Pharmacies*.

A panel of the Complaints Authorization Committee met to consider the letter of allegation and found that there were reasonable grounds to believe the respondent (the Pharmacist-in-Charge) had engaged in conduct deserving of sanction and that the allegation be considered a complaint. In accordance with section 39 (3)(a) of the *Pharmacy Act*, the panel issued a counsel or caution to the respondent that the professional services area of the pharmacy (i.e the dispensary, active prescription records and all shelves, displays or fixtures bearing Schedule I or II drugs) shall not be accessible to the public or non-professional staff when the dispensary is not in operation and the pharmacist is not present .

The Panel further directed that a copy of this decision be forwarded to the district manager for the company in order to make the company aware of this decision and that this case be reported in the next edition of The Apothecary newsletter, on a no-names basis, so that all pharmacists will be reminded of the requirements of this Standard of Practice.

Call for Expression of Interest

Eastern Health Medication Reconciliation Advisory Committee

Eastern Health is looking for a community pharmacist to serve on its Medication Reconciliation Advisory Committee. This committee provides organizational direction to standardize processes and ensure consistency with implementation of Medication Reconciliation (Med Rec) throughout all relevant programs / service areas of Eastern Health.

Pharmacists can contact Melanie Healey (mhealey@nlpb.ca) for more information about the committee, including membership, frequency of meetings or reimbursement or to express their interest in volunteering to serve on the committee.

NLPB Committees 2011 - 2014

Disciplinary Panel

Colleen Abbott-Hibbs
 Mike Batt
 Janice Chalker
 Barry Downey
 Stephen Gillingham
 Walter Fleming
 Jeff Fost
 Denise O'Brien
 Ron Pomeroy
 Jeremy Reid
 Heather Seeley
 Wanda Spurrell
 Bernd Staeben (Chair)
 Jerry Young
 Connie Burt, alternate
 Bill Simmons, alternate
 Ron Sheppard, lay representative
 Robert Williams, lay representative
 Yvonne Young, lay representative

Finance Committee

Sandra Carey
 Linda Hensman (Chair)
 Eugene Toope
 Christina Tulk

Joint Committee on Structured Practice Experience *(Board Reps)*

Pamela Carter
 Ray Gulliver
 Evelena Verge

Legislative Committee

Carson Collins
 Seumas Gibbons
 Susan Gillingham
 Ray Gulliver
 Brian Healy
 Linda Hensman
 Derrick Hierlihy
 Keith Hogan
 Jeremy Reid
 Trent White

Methadone Advisory Committee

Patricia Clark
 Selena Corcoran
 Kelda Ghane
 Noelle Hookey
 David Hoyles
 Karen Mercer
 Elizabeth Reelis
 Barbara Thomas
 Jerry Young

Professional Practice Committee on Advancing Practice

Sheldon Baines
 Jason Druken
 Scott Edwards
 Jeremy Harnum
 Debbie Kelly
 Joanna Maclsaac
 Hilda Randell
 Heather Ryan
 Christina Tulk (Chair)
 Jerry Young

Professional Practice Committee on Long Term Care

Ashley Buck
 Sara Downey
 Darlene Mansfield (Chair)
 Jason Ryan
 Christina Tulk
 Ken Walsh

Professional Practice Committee on Pharmacy Technician Regulation

Keith Bailey (Chair)
 Leslie Barrett
 Terri Genge
 Heather Seeley
 Patricia Spurrell
 Ken Walsh
 Trent White

Professional Practice Committee on Pharmacy Technology Standards

Sheldon Baines
 Juan Edwards
 Margot Priddle
 Jeremy Reid
 Elizabeth Woodford

Professional Practice Committee on Safe Medication Practices

Amy Conway
 Susan Gladney-Martin
 Jeremy Parsons
 Patrick Ryan

Registration & Licensing Committee

Patricia Clark
 Scott Dawe
 Jason Druken
 Susan Gladney-Martin
 Ray Gulliver
 Lynn Hartery
 Debbie Kelly
 Jason Kielly
 Derek Long
 Jeremy Parsons
 Gerry Peckham
 Leslie Phillips
 Jody Pomeroy
 Jeremy Reid
 Jason Ryan
 Barb Scaplen
 Barbara Thomas (Chair)
 Christina Tulk

MUN School of Pharmacy Call for Preceptors

As most pharmacists are aware, as part of the pharmacy program, students are required to complete three Structured Practice Experience (SPE) rotations, each of four weeks duration, and one SPE of twelve weeks duration as follows:

- Four weeks in a community pharmacy after the first year of the Pharmacy program (Pharmacy 201W);
- Four weeks in a hospital setting after the second year of the program (Pharmacy 302W);
- Four weeks in a community pharmacy after the third year of the program (Pharmacy 403W); and
- Twelve weeks in clinical practice during the Winter semester of the final year of the Pharmacy program (Pharmacy 500X).

The placements will typically take place during the month of May. Students are assigned to sites and preceptors, rather than selecting their own. In 2012 there are a total of 118 students who require placement for a 4-week period:

- Placements in community pharmacies for 79 students from the classes of 2015 and 2013
- Placements in hospital pharmacies for 39 students from the class of 2014

In keeping with the philosophy that the SPEs are intended to be a practical educational experience and not just a work experience, students are not permitted to be paid. Having said that, the NLPB requires an additional 20 weeks of pharmacy practice experience for registration purposes, so students may seek employment with you after completion of the 4-week SPE. Being an SPE preceptor does not obligate you to provide such employment but you are encouraged to consider providing a student with additional practice experience.

Preceptor and site criteria are available on the School of Pharmacy website (www.mun.ca/pharmacy/practice/callforpreceptors.php).

The SPE Program would not be possible without the contribution and commitment of dedicated pharmacists. As you know, experiential education is critical to becoming a competent pharmacist. The School would like to thank all who have previously participated in the Practice Experience Program.

If you have any questions about being a preceptor in the SPE Program, please do not hesitate to contact Wanda Spurrell (Coordinator, Structured Practice Experience Program) at (709) 777-6498 or wspurrel@mun.ca.

Quick Bits

*Pharmacists are reminded that with regard to prescriptions for narcotics and controlled drugs, the drugs should always be dispensed in the strengths as they are written. For example, Ritalin 20mg i bid x 60 (sixty) tablets **MAY NOT** be dispensed as 120 10mg tablets unless the physician has been contacted and a new prescription to that effect has been provided.*

∞

Pharmacists are reminded that the drug piperazine is included in Schedule II of the Provincial Drug Schedules, meaning that it may be sold only from the no-public-access area of a pharmacy. In addition, mebendazole tablets are included in Schedule I by virtue of being Schedule F or being "Schedule F Recommended" by Health Canada. These requirements extend to veterinary formulations in addition to those for human consumption. Pharmacists-in-Charge are asked to check the "Veterinary Products" sections of their retail establishments and, if necessary, relocate any piperazine- or mebendazole-containing products to the appropriate section of the dispensary.

The School of Pharmacy, Memorial University of Newfoundland

invites you to attend the

Annual White Coat Ceremony
to induct the first year Pharmacy Students
into the Profession of Pharmacy

Main Auditorium, Health Sciences Centre

Thursday, January 19, 2012

5:00 pm

Please RSVP by January 12, 2012:
709-777-7211 or
sharont@mun.ca

Reception to follow,
sponsored by Lawtons Drugs
and Sobeys Pharmacy

Recent Updates to the NLPB Website

About the Board

⇒ Board Meeting Minutes - September 16, 2011

Contact Us (Find A...)

⇒ Pharmacists & Pharmacies Registers updated

“The Apothecary” & Other Communications

⇒ NAPRA Notes Fall 2011

Registration and Licensing

⇒ Blank Pharmacist and Pharmacy 2012 Renewal Forms
⇒ Application Form for Approval of Telepharmacy Services

Legislation

⇒ NLPB Binder Files updated to reflect new policy regarding telepharmacy services in hospital sites

Standards, Policies and Guidelines

⇒ New NLPB Policy - Licensing Criteria for Hospital Pharmacies providing Telepharmacy to Remote Hospital Sites



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Newfoundland and Labrador Pharmacy Board

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The Apothecary

Spring 2012

Don Rowe, Secretary-Registrar, to Retire This Year

Fellow Pharmacists,

It is with regret that I announce the upcoming retirement of Mr. Don Rowe from his position as Secretary-Registrar to the Newfoundland and Labrador Pharmacy Board (NLPB).

Mr. Rowe has served as the Secretary-Registrar of the NLPB (previously the Newfoundland Pharmaceutical Association) for the past 18 years. During his tenure in this position, he has upheld the virtue of fairness, and demonstrated leadership and integrity in carrying out the mandate of the Board to protect the public's interest in matters pertaining to the profession of Pharmacy. He has been a pillar of the pharmacy profession in this province, and his contributions to the NLPB, the profession and the public will be sorely missed.

Mr. Rowe has indicated his intention to retire from his position no later than November 24, 2012, to coincide with his 65th birthday. On behalf of the Board, I sincerely wish Don and his wife, Marie, a healthy and happy retirement. A celebration to recognize Don's contributions to the NLPB and the profession is being planned for a later date. Pharmacists will be informed of the details when they become available.

Dr. Debbie Kelly
Chair, Newfoundland and Labrador Pharmacy Board

REMINDER TO ALL PHARMACISTS



Pharmacists are reminded that in accordance with the *Standards of Pharmacy Practice - Medication Management by Community Pharmacists*, any pharmacist who intends to perform any action under these standards - provide an interim supply, extend a prescription or adapt a prescription must first complete and submit the *NLPB Medication Management Declaration Form* found in Appendix B of the Standards. Once this form has been received at the NLPB Office, it is retained in the pharmacist's permanent file and an indicator that this person is registered to perform Medication Management is added to the Pharmacist Registry posted regularly to our website. Failure to comply with this Standard of Practice could be considered professional misconduct and could also result in losses of revenue related to such prescriptions if the pharmacy was to be audited. We would strongly recommend ALL PHARMACISTS check the current Register of Pharmacists posted on the NLPB website and confirm that their information related to Medication Management is correct.

Complaints and Discipline Resolution

Case #1

A hearing of an adjudication tribunal of the Newfoundland and Labrador Pharmacy Board was held on January 27, 2012 to consider a complaint against a registered pharmacist ("the respondent"). The original allegation, received on August 16, 2011, had been considered by the complaints authorization committee (CAC) on November 25, 2011. At that time the CAC found that there were reasonable grounds to believe the respondent had engaged in conduct deserving of sanction and instructed the Secretary-Registrar to file a complaint against the respondent and refer the complain to the disciplinary panel for a hearing.

At the hearing the tribunal was presented with an Agreed Statement of Facts in which the respondent admitted to the following:

- On a number of occasions in 2011, she dispensed Methadone carries without authorization and dispensed Methadone carries to a person other than the patient (the patient's husband).
- The Methadone Dosage Record submitted to the Board was altered by her and was signed by the patient on a number of occasions where the patient was not the person receiving the carry dose.
- On one occasion in 2009, the respondent left a Methadone carry dose at a location other than the pharmacy for pick up by the patient.
- On a number of occasions Methadone prescriptions were not entered in the computer, consequently they did not show up on the Narcotic Record. The respondent would subsequently adjust inventory levels for Methadone.

The adjudication tribunal accepted the respondent's guilty plea and received a Joint Submission on sanction and ordered that:

- The pharmacist's license to practice pharmacy be restricted immediately from the dispensing of Methadone, until such time as she satisfies the NLPB that she has successfully completed an educational training program on Methadone Maintenance Treatment satisfactory to the NLPB.
- The pharmacist will submit to the NLPB proof of compliance with the *Standards of Pharmacy Practice* -

Security and Accountability Procedures for Narcotics and Controlled Drugs for Community Pharmacies, on a quarterly basis, beginning the end of February 2012, for a period of one year, unless that period is extended by the Secretary-Registrar of the NLPB.

- The pharmacist shall be subject to, and co-operate fully with, periodic inspections and audits by the Secretary-Registrar of the NLPB, or his designate, for a period of three years.
- The pharmacist will pay the costs of the investigation and hearing up to a maximum of \$5000.00. Such costs are to be paid within sixty days of notification from the NLPB of the amount of such costs, unless such time is extended by the NLPB.
- The decision of the Adjudication Tribunal will be published as required under section 44(3) of the Pharmacy Act, and in the Apothecary on a no-named basis.

Case #2

An allegation was received by a patient's mother alleging that outdated Garamycin Ear Drops were dispensed to her child from a pharmacy. The mother had put the drops in the child's ears for a day and a half before noticing the expiration date of August 2011, six months before the prescription was dispensed. She also expressed concern that other medication may be out of date at the pharmacy.

A panel of the Complaints Authorization Committee met to consider the letter of allegation and the Pharmacist-in-Charge's response which acknowledged the error. It found that there were reasonable grounds to believe the respondent had engaged in conduct deserving of sanction and, in accordance with section 39(3) of the Pharmacy Act, the allegation be considered a complaint. Further to this, the panel issued a counsel or caution to the respondent that a written policy and procedure for checking all medications for expiry dates be developed (if not already included in the pharmacy's policy and procedure manual) and submitted to the Secretary-Registrar by March 15, 2012. This policy and procedure will be reviewed and any comments will be forwarded to

(Continued on page 3)

(Continued from page 2)

the respondent as well as to the complainant for her information.

The panel further directed that this case be reported in the next edition of The Apothecary newsletter, on a no-named basis, so that all pharmacists will be reminded of this requirement.

Finally, a visit by an inspector of the Newfoundland and Labrador Pharmacy Board will be scheduled within the next six months.

The Dangers of Dextromethorphan

While recent news out of Quebec (www.cbc.ca/news/health/story/2012/03/05/montreal-cough-syrup.html) has brought the issue of dextromethorphan (DM) safety back to the forefront, DM abuse, particularly by teenagers, remains prevalent and continues to be an important issue.

Pharmacists know that DM is a cough suppressant commonly available in many over-the-counter (OTC) cough and cold products that, in therapeutic doses, is considered safe in most people. However, DM abuse has occurred since the 1960s and continues to be a problem today. In an annual study conducted by the National Institute on Drug Abuse in the US, 4.2% of eighth grade students surveyed reported using DM-containing products during the past year to get high. The rate increased in older children, with 5.3% of tenth graders, and 6.9% of twelfth graders reporting ingestion of cold or cough medicines with DM during the past year to get high.

Dextromethorphan, the d-isomer of the opiate agonist levorphanol, is metabolized by the cytochrome P450 2D6 enzyme system in the liver. The metabolite, dextrorphan, has a high affinity for the excitatory amino acid receptor, the N-methyl-D-aspartate (NMDA) receptor, producing a "high." Symptoms following ingestion of high doses (five to ten times the normal therapeutic dose) include euphoria, an altered sense of time, paranoia, and disorientation. In addition, tactile, visual, and auditory hallucinations may occur. The effects seen with DM abuse are similar to those seen after phencyclidine (PCP) use, another agent which blocks NMDA receptors. Physical symptoms associated with ingestion of high doses of DM include sweating, tachycardia, dyskinesias, speech disorders, mydriasis, and photophobia. Nausea and vomiting can also occur. DM toxicity may be worse in patients who take it along with monoamine-oxidase (MAO) inhibitors or selective serotonin reuptake inhibitors due to the possibility of

serotonin syndrome. For patients who chronically abuse large doses of DM, bromide poisoning is another concern. Bromide is found in the hydrobromide salt form of DM. Symptoms of bromide poisoning include behavioral changes, irritability, headache, confusion, anorexia, slurred speech, and lethargy.

Besides the risk of toxicity from DM and bromide, toxicity can occur due to other agents commonly found in OTC cough and cold preparations such as pseudoephedrine, phenylephrine, acetaminophen, and antihistamines. For example, abusers of Coricidin II Cough & Cold not only ingest excessive amounts of DM but large doses of chlorpheniramine as well. Symptoms of chlorpheniramine toxicity include agitation, hallucinations, confusion, sedation, coma, seizures, hypertension, tachycardia, hyperthermia, mydriasis, dry flushed skin, decreased gut motility, and urine retention.

We would advise that while DM remains in Schedule III of the *Newfoundland and Labrador Provincial Drug Schedules* (available on the [Provincial Drug Schedules page](#) of the NLPB website), pharmacists should be mindful of the sale of DM products in the pharmacy. The issue can also be discussed with other dispensary and "front store" staff members so that the pharmacist may be alerted if higher than normal sales or losses of DM-containing products are detected. Pharmacists should also watch for signs of possible abuse, or inappropriate use in combination with other drugs or medical conditions when consulting with patients.

If there is evidence of abuse or if you have a particular concern about the potential for abuse in your area, we would support your decision to relocate DM-containing products to a "No Patient Access" (Schedule II) area of the pharmacy.

Reference: *Dextromethorphan abuse. Pharmacist's Letter 2007;23 (2):230208.*

Professional Practice Issues

“Logged Prescriptions” Do Not Equal “Refill Prescriptions”

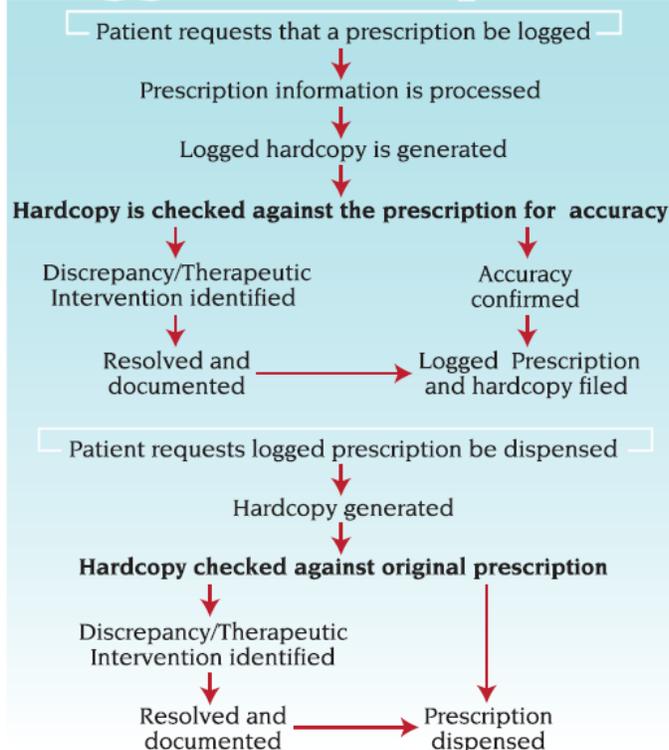
For the purpose of this article, logging a prescription refers to putting it on hold upon request by a patient. Other terms referring to the same process may be used in individual pharmacies.

There appears to be a misconception that if a logged prescription hardcopy is checked for accuracy by a pharmacist at the time the prescription is logged, the dispensing pharmacist only has to check the hardcopy and does not need to refer back to the original prescription when dispensing the medication to the patient. **In fact, a logged prescription is, and should be treated as, a new, unfilled order and should be thoroughly checked against the original prescription prior to being dispensed.**

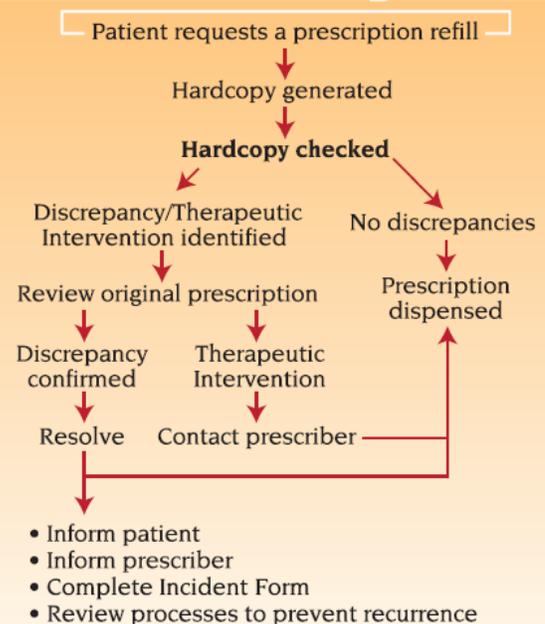
While some liken the process of checking a logged prescription to that of checking a prescription refill -

where the process of referring back to the original only rarely occurs - it is important for pharmacists to recognize that dispensing a logged prescription is not identical to dispensing a prescription refill, as is illustrated with the graphic below. The primary difference in these dispensing processes arises from the simple fact that for a prescription refill, the original prescription and hardcopy were thoroughly and completely reviewed when the drug was initially dispensed. Conversely, the initial check that occurs when a prescription is logged, while considered best practice for ensuring correct information is recorded on the patient's profile, is certainly not usually a complete check and does not negate the necessity to check the hardcopy against the original prescription when the medication is ultimately dispensed.

Logged Prescriptions:



Refill Prescriptions:



Reprint of Notice to Pharmacists - MedRunner

The following notice was circulated to all pharmacies and pharmacists on January 19, 2012:



Newfoundland & Labrador Pharmacy Board

Apothecary Hall
488 Water Street
St. John's, NL A1E 1B3

www.nlpb.ca

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)
Fax (709) 753-8615
e-mail inforx@nlpb.ca

January 19, 2012

NOTICE TO ALL PHARMACISTS

Our office has been made aware that, in the past week or so, some pharmacies have begun to receive unusual prescriptions via fax from physicians. These prescriptions indicate that they were faxed by a specific physician but lack the "usual" header information that most of us have come to expect and recognize on a traditional fax transmission. These prescriptions are, in fact, being electronically sent by prescribers using specially-enabled tablet-type devices. The system allows them to complete and send the prescription to a pharmacy's fax machine, through a third party provider, MedRunner.

While legislation allows for verbal and "written" prescriptions, there is presently no provincial or national consensus on the acceptability of "electronic" prescriptions, with the exception of prescriptions transmitted by fax machine from the prescriber to the pharmacy of the patient's choice in accordance with the Standards of Practice related to the faxing of prescriptions. These Standards focus on the security of the transmission, protection of the privacy of patient information, assurance of an original prescriber signature, and assurance of the origin of the prescription.

Recently NLPB staff met with officials of MedRunner to see a demonstration of their product, to discuss a number of general issues of concern related to electronic prescription transmission, and to suggest other stakeholder who should also be consulted. At the end of this meeting it was made clear to MedRunner that the Board does not endorse specific commercial software products and that we would be considering the issues further, looking at how this matter is dealt with in other provinces, and then bringing a report to our Board, with a view to establishing more formal guidelines or Standards of Practice for pharmacists.

We also pointed out that the third stage of the implementation of a provincial electronic health record by the Newfoundland and Labrador Centre for Health information includes the provision for electronic prescribing via the secure provincial health network, a proposal supported by our Board.

We caution that, at this time, until the Newfoundland and Labrador Pharmacy Board has completely reviewed this product and determined its compliance with all relevant provincial legislation and standards of practice, **we are advising all pharmacists who receive such transmissions that they should validate the authenticity of the prescription with the prescriber before dispensing it to the patient.**

Sincerely,

Donald F. Rowe
Secretary-Registrar

Recent Updates to the NLPB Website

About the Board

- ⇒ Board Meeting Minutes for November 25, 2011 meeting

Contact Us (Find A...)

- ⇒ Committee members updated
- ⇒ Pharmacists & Pharmacies Registers updated

"The Apothecary" & Other Communications

- ⇒ Notices regarding discontinuation of OxyContin added
- ⇒ Notice regarding change to Provincial Drug Schedules added
- ⇒ MedEffect advisories added

Registration & Licensing

- ⇒ Studentship and Internship forms updated

Legislation

- ⇒ NLPB Binder files updated
- ⇒ NLPB Bylaws and Schedule of Fees revised
- ⇒ Optometry Act - Diagnostic and Therapeutic Drug Regulations updated

Standards, Policies and Guidelines

- ⇒ Required and Recommended Reference Materials for Newfoundland and Labrador Pharmacies updated
- ⇒ Licensing Criteria for Satellite Pharmacies in Rural Communities without Conventional Pharmacy Service updated

Provincial Drug Schedules

- ⇒ Official Schedules and Guide to the Drug Schedules updated

Pharmacy Technician Regulation

- ⇒ Pharmacy Technician Regulation News added
- ⇒ Winter 2011 Zone Meeting presentation added
- ⇒ Information related to the Canadian Association of Pharmacy Technicians National Professional Development Conference added



The Apothecary

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 Pharmacy Board**
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Newfoundland and Labrador Pharmacy Board

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Elected Members

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 Zone 3.....David Cramm
 Zone 4.....Christina Tulk
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..... Don Mifflin
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EXECUTIVE COMMITTEE

ChairDebbie Kelly
 Vice-ChairRay Gulliver
 Executive Member Sheldon Baines
 Past Chair.....Christina Tulk



Newfoundland and
Labrador Pharmacy
Board

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newsletter of the
Newfoundland &
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*It contains information
on a wide variety of
topics intended to
enhance the practice
of all pharmacists in
the province of
Newfoundland &
Labrador.*

*Pharmacists are
responsible for
reviewing any and
ALL INFORMATION
contained within
including documents
which are made
available on the NLPB
website via links
throughout the
newsletter.*

*The Apothecary is now
circulated
electronically and is
available in hard copy
format only upon
specific request.*

The Apothecary

Summer 2012

Continuing Professional Development Audit Results 2012

The Continuing Professional Development (CPD) Audit Process for 2011 is nearing completion. This year, 169 pharmacists were audited and the results of the reviews are as follows:

First Review (March 1 st & 2 nd 2012)	Second Review (April 13 th 2012)
169 reviewed <ul style="list-style-type: none">• 140 compliant• 29 request additional information by March 26th including two portfolios that were not received	29 reviewed <ul style="list-style-type: none">• 27 compliant• 2 given additional time to submit information

At this time, the Registration and Licensing Committee would like to call attention to several important points:

- The Professional Development Log and Learning Portfolio Record Sheet have been revised over the years to reflect changes made to the Standards of Pharmacy Practice on Continuing Professional Development. Pharmacists still using the old form may be **flagged for audit**.
- The Learning Portfolio (all Learning Portfolio Record Sheets & supporting documentation) should be submitted to the Committee in an organized fashion – i.e. in the order the events are documented on the Professional Development Log (ideally in chronological order of completion).
- Learning Portfolios should be submitted by mail, courier or hand. Facsimile will not be accepted as multiple copies and pages are often transmitted and the quality of the transmission is often poor.
- When completing the forms, credits should be documented as accredited or self-assigned but not both. Pharmacists who assign credit as both may be **flagged for audit**.
- Pharmacists attending multiple events at a time (i.e. at a conference), or completing individual vignettes must document each event or vignette separately even though the Certificate of Participation may give a total amount of credits for the whole program.
- Certificates of Participation must be included for all online programs. All Certificates of Participation should indicate who accredited the program as well as the number of credits acquired.
- Pharmacists are reminded that a pharmacist who has been non-compliant in the previous audit year **may be automatically audited again in the next audit year**.
- “Review of Peer-Reviewed Journal Articles” has been added to Appendix B of the Standards of Pharmacy Practice on Continuing Professional Development (self-assignment of credits), which can be found on the **Standards, Policies & Guidelines page** of the NLPB website.

The committee has also decided to provide copies of a few well-documented Learning Portfolio Record Sheets. Pharmacists can use them as good examples to follow when documenting professional take home messages that relate back to the program’s learning objectives as well as when evaluating what elements from the program could be applied to your practice. These examples are attached at the end of this newsletter and can also be found on the **Standards, Policies & Guidelines page** of the NLPB website.

Complaints and Discipline Resolution

Case #1

A hearing of an Adjudication Tribunal of the Newfoundland and Labrador Pharmacy Board (NLPB) was held on April 10, 2012 to consider a Complaint made against a registered pharmacist, Paul Gill (“the respondent”).

At the hearing, the Tribunal considered and accepted an Agreed Statement of Facts, an Admission Statement by Mr. Gill and a Joint Submission on Penalty, all of which had been agreed to by Mr. Gill and the Secretary-Registrar.

In the Agreed Statement of Facts, it was agreed that between 2007 and 2010 the respondent did not comply with his responsibilities as Pharmacist-in-Charge with regards to supervision of a pharmacist at his pharmacy (Downtown Pharmacy). During that period on a number of occasions the respondent was made aware of allegations against the pharmacist and neither did anything to address the allegations nor brought this issue to the attention of the NLPB. The respondent did not remove the pharmacist from her duties, but continued to allow her to practice, mostly unsupervised. Even following notification from the NLPB that allegations against that staff pharmacist were being investigated, the respondent denied previous knowledge of the allegations and at no time took steps to ensure that public safety was protected in the practice of pharmacy at Downtown Pharmacy. The allegations made against the staff pharmacist were of a nature that, if true, would place the public at risk and would suggest that the pharmacist in question should not be practicing. The allegations also included suggestions of possible criminal activity on the part of the staff pharmacist. By failing to intervene, the respondent placed the public served by the Pharmacy at risk and violated his responsibilities as Pharmacist-in-Charge.

In the Admission Statement the Respondent pleaded guilty to violating section 12.(1) of the *Pharmacy Act*; subsections 12(1)and(2), 37(1) (b), (t), (z) and (bb) of the *Pharmacy Regulations*; and Statement VI (1) and (2) of the *Code of Ethics* which relate to the responsibilities of the Pharmacist-in-Charge, the definition of professional misconduct and the requirement to preserve high professional standards.

The Adjudication Tribunal accepted the Respondent’s guilty plea and the Joint Submission on Penalty and ordered that:

- The respondent’s license to practice pharmacy be suspended immediately for a period of five months. The respondent is not permitted to work in any capacity as a pharmacist, pharmacy assistant, or pharmacy technician, or in any manner relating to the practice of pharmacy in any pharmacy, and shall not work in any capacity in the dispensary of Downtown Pharmacy or any other pharmacy, during the period of suspension;
- The respondent’s license be restricted so that he cannot be Pharmacist-in-Charge of a Pharmacy for a period of five years from the date of the suspension of his ability to be Pharmacist-in-Charge on November 14, 2011;
- The respondent will participate in an interview satisfactory to the Secretary-Registrar to review the responsibilities of the Pharmacist-in-Charge before being permitted to become a Pharmacist-in-Charge in the future;
- The respondent shall be subject to, and co-operate fully with, periodic inspections and audits by the Secretary-Registrar, or designate;
- The respondent will pay the costs as incurred by the Board of the investigation and hearing of the Complaint, as defined in the *Pharmacy Act*, such costs to be set at a maximum of \$30,000.00.
- Publication of the Order of the Adjudication Tribunal as required under the *Pharmacy Act*, and in the Apothecary on a named basis;
- The respondent shall advise the Pharmacist-in-Charge of all pharmacies where he works / practices of the Order of the Adjudication Tribunal, for a period of five years from the date of the Order of the Adjudication Tribunal;
- The respondent shall advise the Secretary-Registrar in writing of every pharmacy where he practices, prior to commencing practice there, for a period of five years from the date of the Order of the Adjudication Tribunal.

(Continued on page 3)

(Continued from page 2)

Case #2

A hearing of an Adjudication Tribunal was held on April 27, 2012 to consider a Complaint made by the Chair of the Registration and Licensing Committee, against a registered pharmacist (“the respondent”) indicating that the pharmacist had failed to meet the requirements of the *Standards of Pharmacy Practice on Continuing Professional Development*.

At the hearing, the Tribunal considered as evidence:

- The standard Notice of Professional Development Audit sent in January 2012. It was noted to the panel that in addition to being randomly selected for audit this year, the respondent had also been audited in the previous year and, as a result of non-compliance, had been advised he would be audited again this year.
- A letter sent to the respondent in March 2011 indicating that an allegation had been sent to the CAC due to the fact that required documentation to permit the auditing of his 2010 Professional Development Log had not been received. The panel was informed that, with respect to that complaint, the CAC had recommended to the Board that if the required documentation was not submitted by the deadline, the respondent’s licence to practice be suspended until he complied with the requirements. The respondent subsequently submitted the documentation in time and his licence was not suspended.
- A document prepared by board staff showing that the respondent had indicated he was aware that the required documentation was due by February 17, 2012 and that he would comply.
- The March 13, 2012 Decision of the CAC directing that the complaint be sent to a hearing. Noting that this was the second year in a row that the respondent was delinquent in submitting the required documentation, the CAC recommended that the respondent’s licence to practice be suspended until he complied with the requirements. The recommendation of the CAC was accepted by the Board on March 16, 2012 and the respondent’s licence to practice was suspended effective immediately.
- A letter from the respondent, attached to his documentation submitted on March 23, 2012,

indicating that the documentation was late because of “several miscommunication attempts”. It was also noted to the panel that the original notice of audit had been returned by Canada Post because an incorrect address had been provided by the respondent. This was later resent to the respondent at a corrected address.

- A letter sent to the respondent on March 26, 2012 indicating that the submitted documentation had been reviewed and was found to be acceptable and that his licence to practice was reinstated.

The Secretary-Registrar further noted that there had been no request for an extension and no explanation for the respondent’s failure to provide the required documentation. The respondent also made no acknowledgement of the Notice of Hearing and had failed to attend the hearing.

Decision of the tribunal:

Having considered the evidence before it, the Adjudication Tribunal found that the respondent’s conduct in this matter demonstrated a blatant disregard for the requirements of the Continuing Professional Development audit process. The panel determined that the respondent was guilty of conduct worthy of sanction as defined in section 35(c) subsections i), iii) and iv) of the *Pharmacy Act* and found to be in violation of sections 5(1),9(1),14(1) and 37(1)(w) of the *Pharmacy Regulations*.

As such, the tribunal ordered:

- A formal reprimand be placed on the respondent’s file with the Board, which shall be considered public information for a period of three years;
- The respondent must submit his complete Professional Development Portfolio semi-annually in 2012 - in June and December. Failure to comply will result in the filing of an allegation;
- The respondent will be automatically flagged for audit for the years 2012, 2013 and 2014;
- The Order of the Adjudication Tribunal will be published in The Apothecary on an unnamed basis;
- The respondent shall pay the costs of the investigation and hearing, within six months of the Order of the Adjudication Tribunal, or as directed by the Board.
- The respondent is fined \$500.00, which shall be paid within 30 days of the Order of the Adjudication Tribunal.

Professional Practice Issues

Error Prevention—Computer Alerts

When dispensing medications, pharmacists must ensure that the right patient receives the right drug at the right dose by the right route at the right time. During the checking process, pharmacists must also look for possible drug-drug interactions, drug-disease state interactions, duplication of therapy, non-compliance, potential abuse or misuse of the drug, possible drug allergies, etc.

Computer systems can play a key role in reducing medication errors during the dispensing process by alerting pharmacy staff of a potential drug-related problem. However, in addition to the clinically significant warnings, computer systems may also provide many clinically insignificant alerts. If the numbers of clinically insignificant alerts are high, pharmacy team members may inadvertently perceive alerts to be a hindrance to workflow and may override these warnings without adequate investigation, especially during busy times. As a result, potential drug related problems may be overlooked resulting in a medication error.

CASE:

A senior citizen was taking Eltroxin® 50mcg once daily. Her physician called her pharmacy to increase her dose to 75mcg once daily. Synthroid® 75mcg was prepared correctly and delivered to the patient. No note was entered into the patient profile regarding the discontinuation of Eltroxin® 50mcg. Approximately one month later, the patient called the pharmacy and requested a refill of Eltroxin® 50mcg. Since refills remained on the old prescription, Eltroxin® 50mcg was processed and delivered. The clinical warning of “duplicate drug” was likely overridden at the computer entry point.

A few weeks later, the patient also requested a refill of Synthroid® 75mcg. This was again dispensed and delivered. It appears that the patient was taking both Eltroxin® 50mcg and Synthroid® 75mcg daily.

Approximately one month later, the patient again requested Eltroxin® 50mcg. On this occasion, the

pharmacist noticed the “duplicate drug” alert and called the physician to investigate. On checking the patient’s chart, the physician confirmed that the patient should be taking only Synthroid® 75mcg once daily.

POSSIBLE CONTRIBUTING FACTORS:

- Incomplete documentation was made in the patient profile regarding the discontinuation of Eltroxin® 50mcg.
- Synthroid® 75mcg was delivered to the patient. Counseling on the discontinuation of Eltroxin® 50mcg may have been incomplete.
- The patient was unaware that Eltroxin® and Synthroid® was the same drug.

RECOMMENDATIONS:

- If there is a change in drug therapy, inactivate or discontinue the “old” prescription to prevent the inadvertent dispensing of the drug. Appropriate notes should also be added to the patient profile.
- Remind staff of the potential pitfall of looking for “old” prescriptions with repeats to refill.
- Patients must be called for counseling following the delivery of any new medication. Ensure that the patient is appropriately counseled regarding any change in drug therapy. Suggest that the patient return any unused medication for safe disposal. In the interim, suggest placing an X on the prescription label to indicate that the medication should no longer be taken.
- Remind all staff to check all clinical alerts to prevent the inadvertent overriding of significant clinical alerts. Clinically significant alerts should be overridden by pharmacists only.
- If excessive clinically insignificant warnings are received, contact your software vendor to suggest a reduction of the numbers.

Pharmacy Network: A Year in Review

The Centre for Health Information (the Centre) continues to make progress in Pharmacy Network deployment, including the following highlights from 2011-2012 and exciting plans for 2012-2013.

- *Connection update:* Forty percent of community pharmacies are now connected to the Pharmacy Network, including the DRUGStore Pharmacy Group, Lawtons/Sobeys Pharmacy Group, Zellers, and 26 independents. A resounding thank you to all who have connected to date, including Shoppers Drug Mart on Gibson Drive in Mount Pearl, the latest connection on April 17, 2012.
- *Welcoming new pharmacies:* Pharmacies under the Rexall family of pharmacies using ProPharm Practice Management System are scheduled to deploy this month and Walmart Pharmacies are anticipating connection in September 2012. Their patients will join the almost 200,000 patients in our province that currently have a Pharmacy Network profile.
- *Connecting in emergency rooms (ERs):* June will mark an important milestone for Electronic Health Records (EHR) development in our province. Pharmacy Network information will be available in our first emergency room at Western Memorial Hospital via the care provider portal (CPP). As patients present in that ER, the ER clinician will be able to consult the patients' Pharmacy Network medication profile thereby saving phone calls and extensive follow-up contacts with linked community pharmacies. There are plans to roll out the CPP viewer in each Regional Health Authority throughout 2012-2013.
- *Public awareness campaign:* A second Pharmacy Network public awareness campaign is in development, intended to increase Newfoundlanders and Labradorians' awareness of the advantages of their community pharmacies being connected. The campaign theme, "Care is Better When You're Connected", focuses on the benefits to care delivery when pharmacists have access to more complete information. As the campaign implementation gets closer, more details will be provided.
- *Providing support when connecting:* The provincial Peer-to-Peer program has been launched to provide mentorship in the community for clinician connection to the EHR. The Peer-to-Peer initiative is a partnership between the Centre for Health Information and Canada Health Infoway. It is part of a pan-Canadian program that connects experienced peer leaders with their colleagues to provide support and education when transitioning to EHR systems. For the Pharmacy Network, this means **six** experienced pharmacist peer leaders already connected to the Pharmacy Network will be available to share their knowledge and experience with colleagues about to connect. The end goal is to enhance and support your connection experience and adoption of the system.
- *System stability:* The Pharmacy Network is pleased to announce it has turned the corner on the stability issues experienced in December 2011 with the help of positive stability metrics, reports from end-users, and ongoing stability enhancement plans. The Centre will continue to support deployments with on-site education, three month follow-up visits and annual visits.

To discuss the Pharmacy Network advantages, enquire about joining, or book a date for your pharmacy connection, contact the Centre's Service Desk at 752-6006 or 1-877-752-6006, or via email at service@nlchi.nl.ca.

Frequently-Asked Questions—Prescription Forgeries

Drug abuse and diversion are ongoing problems that many pharmacists in Newfoundland and Labrador may encounter in the form of a forged prescription. If you suspect a forgery, take action – first, check with the prescriber to confirm, and then report the attempt to NLPB and to the police.

Why should I report forged prescriptions to NLPB?

Reporting a forgery attempt:

- promotes awareness of recent prescription forgery attempts and forgery tactics;
- helps prevent diversion of drugs, thus maintaining the integrity of the drug system.

How do I report a forged prescription?

You can report a forged prescription:

- by phone at 709-753-5877 or toll free at 1-877-453-5877,
- by email at inforx@nlpb.ca, or
- by fax at 709-753-8615

Be sure to include all relevant details as listed below, as well as a phone number where we can reach you during business hours. If you report a forgery via email or fax, we may follow up with you for additional information or clarification.

The alerts are most effective when sent out shortly after the attempted forgery, so please contact us with details as soon as possible.

What details will I need to provide?

You should include:

- Your pharmacy name and location
- Date of (attempted) forgery
- “Patient” gender
- What the prescription was written for (including strengths and quantities)
- What the prescription form looked like
- The prescriber’s name and clinic information printed on the form
- Why you suspected (or how you discovered) a forgery (e.g., signs of alteration, checked Pharmacy Network, the form appeared to be a

photocopy)

- Whether or not you were able to confirm the forgery with the prescriber
- Any other relevant information

If I receive a forged prescription, am I obligated to call the police?

A forged prescription may constitute fraud and/or theft. Pharmacists have a responsibility to act ethically regarding their profession, with honesty and integrity. Reporting forged prescriptions to the police is an important step in working to decrease the number of prescription forgery attempts.

Can I give the police a copy of a forged prescription?

In the circumstance of a forgery, prescription information would not be regarded as “personal health information” as defined in the Personal Health Information Act (PHIA). There is a good chance that the patient name, address and MCP number are false. Additionally, if a physician did not write the prescription, then a pharmacist would not be providing “health care” by filling the prescription as defined in PHIA. Therefore, a pharmacist can provide a copy of a forged prescription to the police at their request.

Should I keep a confirmed forged prescription? What if the patient asks for it back?

Generally speaking, pharmacists should attempt to retain the prescription if a forgery is suspected, the prescription could serve as evidence.

If an irate patient demands the return of an unfilled prescription, the pharmacist may choose to return it after stamping and initialling it to indicate that they refused to fill the prescription in question.

What if I have additional questions?

Please contact us at inforx@nlpb.ca , 709-753-5877 or 1-877-453-5877

Recent Updates to the NLPB Website

Contact Us (Find A...)

⇒ Pharmacists & Pharmacies Registers updated

"The Apothecary" & Other Communications

- ⇒ Advertisement for Secretary-Registrar position
- ⇒ Notice regarding Proper Completion of TRPP Pads
- ⇒ Notice regarding Possible Improper Use of DM-containing Products
- ⇒ MedEffect advisories added

Complaints and Discipline Resolution

⇒ New page added

Registration & Licensing

⇒ Several forms updated

Legislation

⇒ NLPB Binder files updated

Professional Practice Resources

- ⇒ ISMP Canada Safety Bulletins added
- ⇒ Narcotics and Controlled Drugs section updated

Standards, Policies and Guidelines

- ⇒ Standards of Pharmacy Practice - Continuing Professional Development updated
- ⇒ Standards of Pharmacy Practice - Required and Recommended Reference Materials for Newfoundland and Labrador Pharmacies updated

Pharmacy Technician Regulation

⇒ Pharmacy Technician Regulation News Vol. 7 added



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Fall 2012

Board Elections 2012

This year's election of NLPB board members has now been completed. The election began with a Call for Nominations in Zones 1 and 4 on June 17, 2012. Nominations were received for Debbie Kelly and Gregory J. Peddle in Zone 1 and for Christina Tulk in Zone 4. Subsequently, as only one nomination was received for Zone 4, Christina Tulk was elected by acclamation. Ballots were mailed to all registered pharmacists in Zone 1 with the requirement that they be returned by September 8, 2012. The ballots were counted on September 10, 2012 with Debbie Kelly retaining her Board seat for a further three year term.

At the September 15, 2012 Annual General Meeting, Debbie Kelly completed her term of office as Board Chair and assumed the position of Past-Chair with Ray Gulliver assuming the position of Board Chair. Immediately following the Meeting, at a Special Meeting of the Board, a new Executive Committee was elected as below:

Board Chair	Ray Gulliver
Vice-Chair	Christina Tulk
Executive Member	David Cramm
Past Chair	Debbie Kelly

For a complete list of the current Board as well as the Executive Committee members, please see the back page of this *Apothecary* or the [Contacts](#) page of the NLPB website.

Appointment of Margot Priddle as Secretary-Registrar

The Newfoundland Pharmacy Board is pleased to announce the appointment of Margot L. Priddle as Secretary-Registrar of the Board, effective the end of October. She will succeed Donald Rowe who is retiring after more than 18 years service in the position.

Margot has been very actively involved in the leadership of pharmacy in this province since she was first elected to the Council of the Newfoundland Pharmaceutical Association in September of 1994. She became the Association's Vice President the same afternoon as the election was held, when the new Council elected its Executive Committee. She was President of the Newfoundland Pharmaceutical Association from 1997 to 2000.

Margot is a Past-President of the Canadian Association of Consultant Pharmacists (2001-2003). She is a past Chair of the National Drug Scheduling Advisory Committee, which makes recommendations on the Schedules that determine the conditions of sale of drugs in Canada, and which are, by reference, the regulated Drug Schedules in most provinces of Canada.

(Continued on page 2)

(Continued from page 1)

Margot has served on the Board of the Canadian Pharmacists Association, the Board of the National Association of Pharmacy Regulatory Authorities and the Board of the Canadian Pharmacists Benefits Association.

From July 2006 until the present she has been the Director of the Pharmacy Network with the Newfoundland and Labrador Centre for Health Information. In this position she played a leadership role in stakeholder relationships, subject matter expertise, change management, and policy development.

She was one of 100 pharmacists in Canada recognized by the Canadian Pharmacists Association on their Centennial in 2007, and similarly recognized as one of 100 prominent pharmacists in Newfoundland and Labrador between 1910 and 2010 during the celebrations of the centennial year of regulated pharmacy in this province in 2010.

Her father Alfred G. Dawe was Secretary-Registrar of the NPhA from 1975 to 1981. This will be the first time that two generations of the same family will have served as Secretary-Registrar.

Dr. Debbie Kelly, Board Chair and Chair of the Selection Committee, says, "We were very encouraged by the number of excellent candidates who expressed interest in this position, and are delighted that Margot has accepted the offer to lead our team. Margot's tremendous experience and dedication to the profession will be invaluable to our Board as we face the exciting challenges and changes that will occur in our pharmacy in the coming years. I'm certain that the pharmacy community and those who have known and worked with Margot in the past will welcome this appointment."

Retiring Secretary-Registrar, Don Rowe, says, "Margot will bring fresh ideas and renewed energies to our Board, balanced with an outstanding record of experience and understanding of health care issues in our province. This is an exceptional day for our Board."



Regional Workshops Being Held for EHR Support Program

The Newfoundland and Labrador Centre for Health Information (the Centre) has re-launched the provincial Peer-to-Peer Network, a support program geared towards assisting clinicians in their field with electronic health record (EHR) programs. The Peer-to-Peer Network serves to increase EHR adoption by providing real support for those clinicians in the community learning to use new eHealth technologies.

The Network was originally piloted in 2008 and concluded in 2009. The 2012-2014 revived Network has the same intentions as the pilot program, but with additional leaders in the community to provide support and a regional approach to maximize geographical coverage for that support throughout the province. The 2012-2014 project has **five** pharmacist peer leaders, **two** nurse peer leaders and **two** physician peer leaders who will focus primarily on Pharmacy Network adoption, with support of other EHR components also included where deemed appropriate. The Peer-to-Peer Network will be holding a series of 10 workshops in all four regions of Newfoundland and Labrador this fall. These workshops will give clinicians an understanding of the support available to them in the community and introduce some of the peer leaders available to help.

For the location information for your region's workshops, a listing of all workshops, and RSVP information, please visit the project's webpage by clicking [here](http://www.nlchi.nl.ca/index.php/peer-to-peer-network) (or pasting this address into your browser: <http://www.nlchi.nl.ca/index.php/peer-to-peer-network>).

The Peer-to-Peer project is a partnership between the Centre and Canada Health Infoway.

Message from the New Board Chair

The role of the pharmacist is evolving across the country from that of a dispenser of medications to a vital member of the health care team, consulting closely with patients with chronic diseases as well as offering medication adherence strategies. As this role changes, the Board has to actively update and implement regulations to ensure public safety. As a result of this changing environment, the Board is currently working very closely with the Department of Health and Community Services in the hopes of obtaining a much-needed update to our *Pharmacy Act*.

On a related and also positive note, we will be working with government to update the *Pharmacy Regulations*. The Professional Practice Committee has been hard at work, recently developing four background papers focusing on pharmacy technician regulation, medication management for minor ailments, administration of parenteral medications, and prescribing for those pharmacists working in a collaborative practice setting. On behalf of the Board, I would like to thank the committee members for their commitment and dedication in providing this valuable information. At our last meeting in September, the Board reviewed and approved these background papers and they will be the focus of discussions for these much needed regulatory updates.

The NLPB office has finally installed the new database, and the staff is currently receiving the necessary training. It is the hope of the Board to provide pharmacists with the option of online registration renewal this fall. As well, beginning in 2013, pharmacists will have the ability to log and track continuing professional development activities online.

This fall will also be an exciting time at the Board with the installation of our new Secretary-Registrar. Margot Priddle will bring her vision and drive to the role starting on October 29, 2012. On behalf of the Board and staff, I graciously welcome her to our organization. It is the intention of the Board to provide Margot approximately a month of overlap to work with outgoing Secretary-Registrar, Don Rowe.

Which leads me to Mr. Rowe. Don, since this is the last issue of *The Apothecary* before your retirement, I would be remiss if I did not thank you at this time for your dedication to the Board as well as to the profession over the past 18 years. Your perspective, kindness, and respect - as well as your sense of humor - will be sadly missed around our Board table. On behalf of the current Board, past Chairs and past Boards, I wish you and your wife, Marie, a very well deserved retirement and wish you well for the future. I would also like to remind pharmacists of the dinner planned to celebrate Don's career on November 3, 2012. At that time, an endowed scholarship will be established in Don's name at Memorial University's School of Pharmacy. I encourage all pharmacists to make an effort to come celebrate with us.

I would also like to thank our outgoing chair, Dr. Debbie Kelly - your management and leadership guided our organization through a very tumultuous year. Finally, I would like to thank lay Board member, Mr. Eugene Toope, who resigned this past year for personal reasons, for his seven years of service on our Board. Mr. Toope, your support and perspective will be missed.

It is an exciting time for the Board, and I am looking forward to leading us through the next year, with the help and support of current Board members and staff. I encourage pharmacists to contact me at any time to share your ideas or concerns: ray.gulliver@yahoo.ca

There is a lot of work ahead and I encourage pharmacists to become involved and play a role in changing our environment. Things happen when people work together.

Respectfully,



Ray Gulliver

New Registration and Licensing System Offers Online Renewal Process

For the past few months, the NLPB has been working to implement the *in1touch* data and information management system and is now pleased to be offering online registration renewal starting this Fall for the 2013 registration year. With this new system, pharmacists and pharmacy owners can:

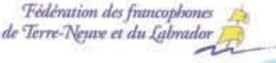
- ⇒ Manage the information in their personal profiles, including contact information and employment status
- ⇒ Renew annual pharmacist registration or business license quickly and easily
- ⇒ Submit Continuing Professional Development logs electronically
- ⇒ Pay fees online by Visa or MasterCard, manually by cheque or money order or by requesting an invoice to provide to an employer
- ⇒ Receive immediate confirmation of payment
- ⇒ Print receipts and invoices at any time
- ⇒ Be environmentally friendly by eliminating the need for a paper form to complete and mail in!
- ⇒ Have 24/7 access to your information
- ⇒ Receive friendly and helpful phone support
- ⇒ Be assured that your personal data and payment information is secure and protected at all times

Pharmacists-in-Charge can review and update their pharmacy information including contact information, staff and methadone dispensing or lock & leave status. In addition, the pharmacist and pharmacy registers will always be current because they will be updated in real time.

The system is accessed from www.nlpb.ca by clicking on **Member Login** on the top left hand of the menu. In order to ensure you receive your user name and password, which will be sent to all registrants starting in mid-October, please check that we have your correct email address and that you have designated NLPB as a "Safe Sender" in your email security settings.

Paper renewal forms will still be available on our website for those who prefer not to renew online.

Thank you for your patience and understanding as we transition to this exciting new process. We welcome your feedback and questions, which can be directed to Aileen O'Keefe at 753-5877 or (877)453-5877 or aokeefe@nlpb.ca.



*Fédération des francophones
de Terre-Neuve et du Labrador*



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Are you listed in the Newfoundland and Labrador Directory of French-language Healthcare Providers*?

For the francophone and Acadian community of Newfoundland and Labrador, receiving health services in French means: increased prevention, shorter wait times, more efficient treatments and a better overall level of health.

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Because health is also a question of language...

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**Réseau santé en français
Terre-Neuve-et-Labrador**
Pour une communauté en santé

Newfoundland and Labrador
French Health Network
For a healthy community



**vosre santé
avant tout
Services en
français**

*Répertoire des fournisseurs de services de santé en français de Terre-Neuve-et-Labrador.

The Réseau santé en français de Terre-Neuve-et-Labrador (RSF-TNL) brings together key players in the health care system around one main objective: to obtain health care services in French for the francophone and Acadian community of Newfoundland and Labrador.

Professional Practice Issues

Conducting a Physical Count of Narcotics and Controlled Drugs

In June 2011, the NLPB approved Standards of Pharmacy Practice specifying Security and Accountability Procedures for Narcotics and Controlled Drugs in Community Pharmacies. Over the past year, as we have been encouraging pharmacies to implement the strategies outlined in this document, we have heard from some pharmacists that they have been struggling with implementing certain areas of the Standards. Over the next few issues of *The Apothecary*, we will address these concerns by providing more detailed information on the expectations of the Standards.

One particular area that was noted was how to properly conduct a physical inventory count as well as what to do if discrepancies are noted. The purpose of this article is to explain in more detail the best practices for conducting a physical inventory count as well as what follow-up including proper documentation and notification procedures should follow.

In accordance with section 2.3 of the Standards, Pharmacists-in-Charge (PiC) are responsible for ensuring a physical inventory count of Narcotic and Controlled Drugs is performed and documented at least once every three months. A physical inventory count should be also be conducted:

- If the PiC of the pharmacy changes
- When a pharmacy closes
- To document losses after a break-in, robbery or fire
- To account for detected discrepancies
- To reconcile detected purchase/invoice discrepancies
- To address allegations from the public questioning dispensed quantities
- To validate or monitor the pharmacy's storage and security

Step 1: Ensure you have a complete list of the pharmacy's Narcotics and Controlled Drugs

The easiest way to prepare this list is to "flag" all narcotics and controlled drugs in your pharmacy dispensing system. Be sure to include any discontinued

or expired products that are still in stock as well as products not stored in the usual location (e.g. fridge, compounding cabinets). If you are uncertain how to do this, please contact your software provider for the proper procedure. Once complete, generate a printed list of these drugs that includes each drug's name, strength and DIN.

Step 2: Conduct the physical count

Using the list from Step 1, conduct a physical count of each product listed and record this information accordingly. If possible, conduct the count for all products on the same date, either before or after prescriptions are processed for the day so that there is no need to account for any prescriptions dispensed on the date the inventory was taken.

Be sure to include all controlled substances in the active inventory including, but not limited to:

- Any expired, damaged or pre-packaged stock
- Prescriptions with a balance owing
- Any compounded mixtures containing a narcotic or controlled drug
- Stock that may be stored in different areas of the dispensary
- Any product awaiting destruction acknowledgement from Health Canada

Do not include any drugs returned by patients for destruction by the pharmacy in the count as these products have been dispensed and are no longer considered part of the pharmacy's active inventory.

Once the count is completed, it should be dated and signed by the counter as well as the pharmacist(s) accepting responsibility for the count and retained for two years.

Step 3: Reconcile the physical count with the pharmacy's theoretical inventory

This step is critical and should be completed only by the PiC, preferably using a reconciliation form such as the

(Continued on page 6)

(Continued from page 5)

sample attached to this Apothecary (also available on the NLPB website with the Standards of Practice)

- A. If you maintain a computerized perpetual inventory (the "best" practice), your system should be capable of generating a report that details the theoretical inventory for the given products at any point in time. Again, if you are uncertain how to do this, please contact your software provider for the proper procedure. This report should be printed as close to the time of the count as possible.
- B. If you do not maintain a computerized perpetual inventory, you will have to use your manual perpetual inventory documents as well as your purchase and sales records to determine the appropriate number to compare to the physical count.

Step 4: Investigate, address and document any discrepancies

If any discrepancies are noted in Step 3, the PiC must investigate further to identify the source of the discrepancy. This investigation may include:

- Physically reviewing all invoices and other purchase records since the last count and adding up the quantities purchased for each affected product. Compare invoices to the entries on the Narcotic and Controlled Drug Register to ensure no purchases were missed.
- Generating the sales data for all affected products to determine the total quantity dispensed within the established time period.
- Ensuring that all products and situations have been accounted for including expired or compounded drugs, cancelled prescriptions, balances owing and emergency sales. A complete review of the hardcopy prescription records may be warranted.
- Finally, if the count was conducted when the pharmacy was actively processing prescriptions, the prescription files may have to be reviewed to make adjustments for any transactions for

affected products during this time period.

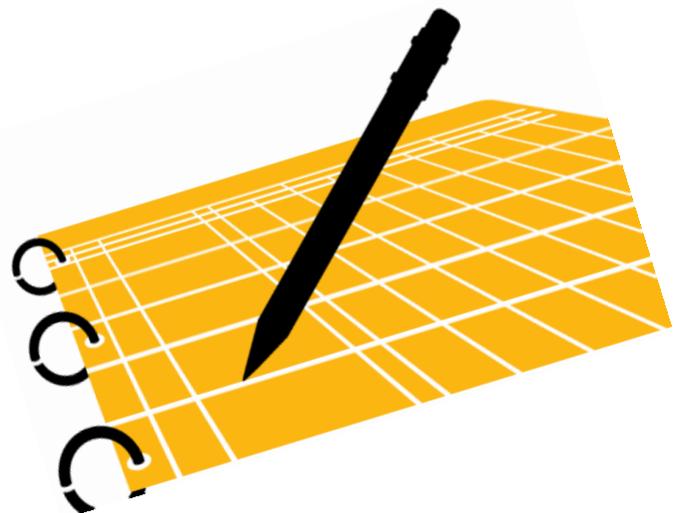
The complete reconciliation results including the physical count, the theoretical inventory and a record of any identified discrepancies and their resolution should be dated and signed by the PiC and retained with the inventory records for a minimum of two years.

Step 5: Deal with the outcome of the reconciliation

Depending on the source of the discrepancy, the PiC may need to implement changes to the pharmacy's procedures to improve inventory control and record keeping in the future.

In accordance with section 42. of the Narcotic Control Regulations, any shortage which cannot be resolved must be reported to Health Canada within 10 days. This can be accomplished by completing a Loss or Theft Report form (available on the NLPB website) and sending or faxing it to the Office of Controlled Substances at Health Canada. A copy of this form should be sent to the NLPB office for retention in the pharmacy's permanent file.

Moving forward, it is also important to adjust your theoretical inventory to reflect the findings from the reconciliation. This will save both time and frustration when conducting future reconciliations as you will not have to investigate discrepancies that have already been accounted for. The ability to modify inventories in the computer system should be restricted to only the PiC and any pharmacists on staff with narcotic signing authority.



Recent Updates to the NLPB Website

About Us

- ⇒ Annual Report 2012 added
- ⇒ Board Meeting Minutes added

Contact Us (Find A...)

- ⇒ Board Members & Executive Committee Members updated
- ⇒ Pharmacists & Pharmacies Registers updated

"The Apothecary" & Other Communications

- ⇒ New Secretary-Registrar appointed
- ⇒ MedEffect advisories added

Complaints and Discipline Resolution

- ⇒ Policy on Publication of Notices of Hearing and Adjudication Tribunal Decisions added

Legislation

- ⇒ NLPB Binder files updated
- ⇒ NLPB Bylaws & Schedule of Fees updated

Pharmacy Technician Regulation

- ⇒ Pharmacy Technician Regulation News Vol. 8 added
- ⇒ Information regarding the 6th Annual Pharmacy Technician Conference added

Professional Practice Resources

- ⇒ Canadian Adverse Reaction Newsletter - October 2012 issue
- ⇒ Institute for Safe Medication Practices (ISMP) Bulletins



The Apothecary

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Newfoundland and Labrador Pharmacy Board

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Zone 1.....Debbie Kelly
 Zone 2.....Ray Gulliver
 Zone 3.....David Cramm
 Zone 4.....Christina Tulk
 At Large.....Keith Bailey, Sheldon Baines, Shawn Vallis

Appointed Members

..... Don Mifflin
vacant

Observers

MUPS Representative.....Kevin Angell
 PANL Executive Director Russ Carrigan
 MUN School of Pharmacy Linda Hensman

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 Vice-ChairChristina Tulk
 Executive Member David Cramm
 Past Chair.....Debbie Kelly



Newfoundland and
Labrador Pharmacy
Board

The Apothecary is the
newsletter of the
Newfoundland &
Labrador Pharmacy
Board.

It contains
information on a wide
variety of topics
intended to enhance
the practice of all
pharmacists in the
province of
Newfoundland &
Labrador.

Pharmacists are
responsible for
reviewing any and all
information contained
within including
documents which are
made available on
the NLPB website via
links throughout the
newsletter.

The Apothecary is
now circulated
electronically and is
available in hard
copy format only
upon specific request.

The Apothecary

Winter 2012



As the year draws to an end and the Christmas Season approaches, we take this opportunity to wish you a very Merry Christmas and a Happy New Year.

Best Wishes from the Board of Directors and Staff of the Newfoundland and Labrador Pharmacy Board.

Holiday Hours for NLPB Office

Please note the Christmas and New Year holiday hours of operation for the Board office:

Monday, Dec 24th	Closed for Christmas Eve
Tuesday, Dec 25th	Closed for Christmas Day
Wednesday, Dec 26th	Closed for Boxing Day
Monday, Dec 31st	Closed at noon for New Year's Eve
Tuesday, Jan 1st	Closed for New Year's Day



Pharmacists are reminded that in order to be registered by January 1, 2013, Professional Development Logs must be received by the NLPB Office no later than noon on December 31, 2012. Logs received after this time will not be processed until January 2, 2012.

An Important Time for Pharmacy Practice



It is both an honour and privilege to be allowed to serve as your Registrar. During the past 7 weeks, with the help of our retiring Registrar, the Board of Directors and the office staff, I am becoming orientated into the world of professional self regulation and quickly realizing what a privilege it is for our profession to be the protector of public health in our province. It has been a steep learning curve, but with a very talented and enthusiastic support network, I'm becoming familiar with the operations of the office, the Board of Directors, other provincial health professional regulatory authorities, stakeholders and our national counterparts.

On week two of my tenure, I was delighted to receive a telephone call from the Department of Health and Community Services informing me that the long awaited Pharmacy Act was scheduled to proceed to the House of Assembly during the fall session.

This new statute is a very welcomed piece of legislation for the profession. Once proclaimed, it will enable and support pharmacists to provide quality pharmacy care to the fullest extent of their education and training. For example, it expands regulation-making authority of the Board to address the expansion of the pharmacist scope of practice, allows for the registration of pharmacy technicians, and enables the development of a quality assurance committee to ensure the highest level of public safety. The proposed new act can be found on the House of Assembly website at <http://www.assembly.nl.ca/business/bills/Bill1250.htm>.

2013 promises to be an extremely busy year for the Board and the profession. We will be seeking your input throughout the process to ensure the development of a balanced and accountable legislative framework for the profession.

Best wishes for a healthy, happy holiday season!

Margot Liddell



Online Registration and Licensing Renewal Process Great Success!

As mentioned in the Fall 2012 issue of *The Apothecary*, this year, for the first time, the NLPB was able to offer pharmacists and pharmacy owners the ability to renew their registration and business licences online through a newly established registration and licensing database system. We are very pleased with the positive uptake by the pharmacy community and are excited to report that over 80% of pharmacist and pharmacy renewals were completed online this year! Issues that arose during the renewal process were satisfactorily addressed thanks to telephone support by Aileen and Meghan at the Board office. We received some very positive feedback on the ease and speed of the new system compared to the old method of filling out and submitting paper forms. All in all, we are encouraged by the success of the system and look forward to rolling out additional modules and enhancements in the year to come, including the ability of pharmacists to log CEU's directly onto their profile, eliminating the need to fax or mail the Professional Development Log.

Online Renewal Frequently-Asked Questions

1. How do I submit my Professional Development Log (PDL) after I have renewed?

First, log in to your member profile from www.nlpb.ca using your login and password. Under **My Profile**, click **View Profile**. Click on the **blue tab** at the top entitled **Pharmacist Additional Document Upload**. Click the **Add New** button at the left. This will take you to a screen that allows you to **browse** for the PDL document you have saved to your computer. Accepted formats for uploading include Word 2003, PDF and Excel. Click **Next**, then **Save**. This will take you back to the Document Upload page where you can view your uploaded file any time by clicking on the word **Download** next to the date you added it.

2. Why did I get an error message when I paid by credit card? Has my payment been accepted?

If a **red X** appeared when you entered your credit card payment, the transaction did NOT go through. If this happens, please contact the NLPB office.

3. When will I receive my receipt and annual certificate?

Official tax receipts, pharmacist certificates and pharmacy licences will be mailed out once all documents are received for renewal, including PD logs. The deadline for this is December 31, 2012.

4. Can I print my own receipt?

Yes. While logged in to your member profile, look under **My Profile**. Click on **Renewal/Other Invoices**. This will bring up a list of invoices associated with your file. Click on the small printer icon to the left of the invoice number you wish to print. The invoice will then display. To print it, click on the printer icon at the bottom of the screen.

5. How do I change my password?

Log in to your member profile from www.nlpb.ca. Under **My Profile**, click **Edit My Profile**. In the next screen, scroll down to **Login Information** at the bottom of the page. Enter a new password in **Password** and **Confirm Password**, ensuring they both match exactly. Passwords must be at least 6 characters, and can be letters, numbers or any combination of the two.

6. How do I recover a forgotten password or user name?

From the login screen, under **Forgot your Log In/Password**, enter the email address associated with your profile and press **Retrieve**. You will receive an email within a few minutes with your user name and password.

Great Time Had by All at Don Rowe Retirement Dinner

Family, friends and colleagues gathered at The Rooms on November 3rd to honor Don Rowe as he retired after serving 18 years as Secretary-Registrar of the Newfoundland and Labrador Pharmacy Board. This event was held to celebrate Don's long and distinguished career and as a means to establish an award at the Memorial University School of Pharmacy in tribute to Don's dedication to the education of future pharmacists. We are very pleased to report that over \$15,000 was raised to endow the Donald F. Rowe Leadership Award.

Many traveled from across the province and country to be in attendance, knowing how much it would mean to him. The National Association of Pharmacy Regulatory Authorities (NAPRA) moved its 2012 annual meeting to St. John's to enable the Registrars and delegates from other provinces to attend the event. Don has worked closely with most of the other Registrars for the past eighteen years and this gave him a chance to show off his province and its history one last time.



John Downton, Master of Ceremonies, kept the evening flowing as a number of people paid tribute to Don.

- ◇ Colleen Janes, Assistant Deputy Minister, Department of Health and Community Services wished Don well.
- ◇ Jerry Young toasted Don on behalf of the College of Trades and Technology Class of 1976.
- ◇ Dr. Linda Hensman, Dean of the Memorial University School of Pharmacy paid tribute to Don's contribution to the school and expressed what the scholarship will mean to the school.
- ◇ Ray Gulliver, Chair of the Newfoundland and Labrador Pharmacy Board, brought wishes on behalf of the current Board and spoke of his experience of working with Don.
- ◇ Joan Roach, President of the Pharmacists' Association of Newfoundland and Labrador spoke of her memories of Don as Secretary-Registrar and of his work with PANL over the years.
- ◇ Brenda Bursey, Canadian Pharmacists' Association Board representative for NL spoke of Don always being available to discuss any situation that arose in a pharmacist's practice.
- ◇ On behalf of NAPRA, Ray Joubert, Registrar of the Saskatchewan College of Pharmacists reminisced of the years spent working together.
- ◇ Margot Priddle, in-coming Secretary-Registrar, spoke on behalf of past presidents and chairs of the former Newfoundland Pharmaceutical Association and the NLPB of the great experiences working with Don.

(Continued on page 5)

(Continued from page 4)

The evening ended with Don being presented with the Canadian Pillar of Pharmacy award. The award was presented by Marshall Moleschi, Registrar of the Ontario College of Pharmacists, representing the Canadian Foundation for Pharmacy. The award is given annually to an individual who has demonstrated a lifelong commitment to the profession of pharmacy and who has been actively involved in one of the four groups represented on the Canadian Foundation of Pharmacy Board (pharmacy practitioners, academic pharmacy, pharmacy associations or pharmaceutical industry).



Don responded to this tribute with a heartfelt speech that included a history lesson of Newfoundland and Labrador. The crowd was thrilled when at one point during his speech a bolt of lightning lit up the sky dramatically behind him while he was paying tribute to his wife, Marie.

Thanks go out to committee members Arlene Crane, Fraser Day, John Downton, Margot Priddle, Barbara Scaplen and Jerry Young and office staff, Meghan Handrigan and Aileen O'Keefe for making this night possible.



Donations to endow the Donald F. Rowe Leadership Award can still be made and are welcomed. Please contact Darcy McMeekin, Development Officer at the School of Pharmacy at mcmeeekin@mun.ca to make a contribution.

MUN School of Pharmacy Call for Preceptors



A "Call for Preceptors" is currently ongoing for the School of Pharmacy's Structured Practice Experience (SPE) Program for Spring-Summer 2013. Information, including preceptor and site criteria, and reply forms may be accessed on the School's website at:

www.mun.ca/pharmacy/practice/callforpreceptors.php .

As part of the Pharmacy program, students are required to complete three SPE rotations, each of four weeks duration, and one SPE of twelve weeks duration as follows:

- Four weeks in a community pharmacy after the first year of the Pharmacy program (Pharmacy 201W);
- Four weeks in a hospital setting after the second year of the program (Pharmacy 302W);
- Four weeks in a community pharmacy after the third year of the program (Pharmacy 403W); and
- Twelve weeks in clinical practice during the Winter semester of the final year of the Pharmacy program (Pharmacy 500X).

In keeping with the philosophy that the SPEs are intended to be a practical educational experience and not just a work experience, students are not permitted to be paid. However, the Newfoundland and Labrador Pharmacy Board requires an additional 20 weeks of pharmacy practice experience for registration purposes, so students may seek employment with you after completion of the 4-week SPE. You are not obligated to provide this employment but you are encouraged to consider providing a student with additional practice experience.

The SPE Program would not be possible without the contribution and commitment of dedicated pharmacists. As you know, experiential education is critical to becoming a competent pharmacist. The School thanks all who have previously participated in the Practice Experience Program and urges both new and returning preceptors to respond to this year's call.

If you have any questions about being a preceptor, please contact Wanda Spurrell at (709) 777-6498 or wspurrel@mun.ca .

Why Be a Preceptor?

For all the things you can give...

- ◇ Your knowledge and expertise
- ◇ The benefit of your experience
- ◇ Your enthusiasm and compassion
- ◇ Your time
- ◇ A contribution to your profession

And for the even greater number of things you receive...

- ◇ The opportunity to learn from your students
- ◇ Contribution of value-added benefits to your practice site through provision of additional services or educational programs by students
- ◇ The opportunity to keep current and remain stimulated (or become revitalized) as a pharmacist
- ◇ A way to enhance your communication and teaching skills
- ◇ A means to reflect on and evaluate your own practice
- ◇ The opportunity to support development of the profession by helping shape the next generation of pharmacists
- ◇ A means to be recognized as a role model
- ◇ Personal and professional satisfaction
- ◇ A reminder of why you wanted to become a pharmacist in the first place!

Recent Updates to the NLPB Website

About the Board

⇒ Board Meeting Minutes for Fall 2012 added

Contact Us (Find A...)

⇒ Staff Masthead updated

“The Apothecary” & Other Communications

⇒ MedEffect advisories updated
 ⇒ 2013 MUN School of Pharmacy Call for Preceptors

Professional Practice Resources

⇒ October 2012 issue of the Canadian Adverse Reaction Newsletter
 ⇒ Vol.12, Issue 10 of the Institute for Safe Medication Practices Canada Safety Bulletin

Pharmacy Technician Regulation

⇒ October 2012 update to the NLPB Pharmacy Technician Regulation presentation



There’s an App for That!

Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain

⇒ [iPhone/iPad App](#)
 ⇒ [Android App](#)



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